

PLASMOCYTOME GANGLIONNAIRE PRIMITIF

**Service d'Anatomie et Cytologie Pathologiques
Hôpital Charles Nicolle de Tunis
Service d'Hématologie
Hôpital la Rabta**

OBSERVATION

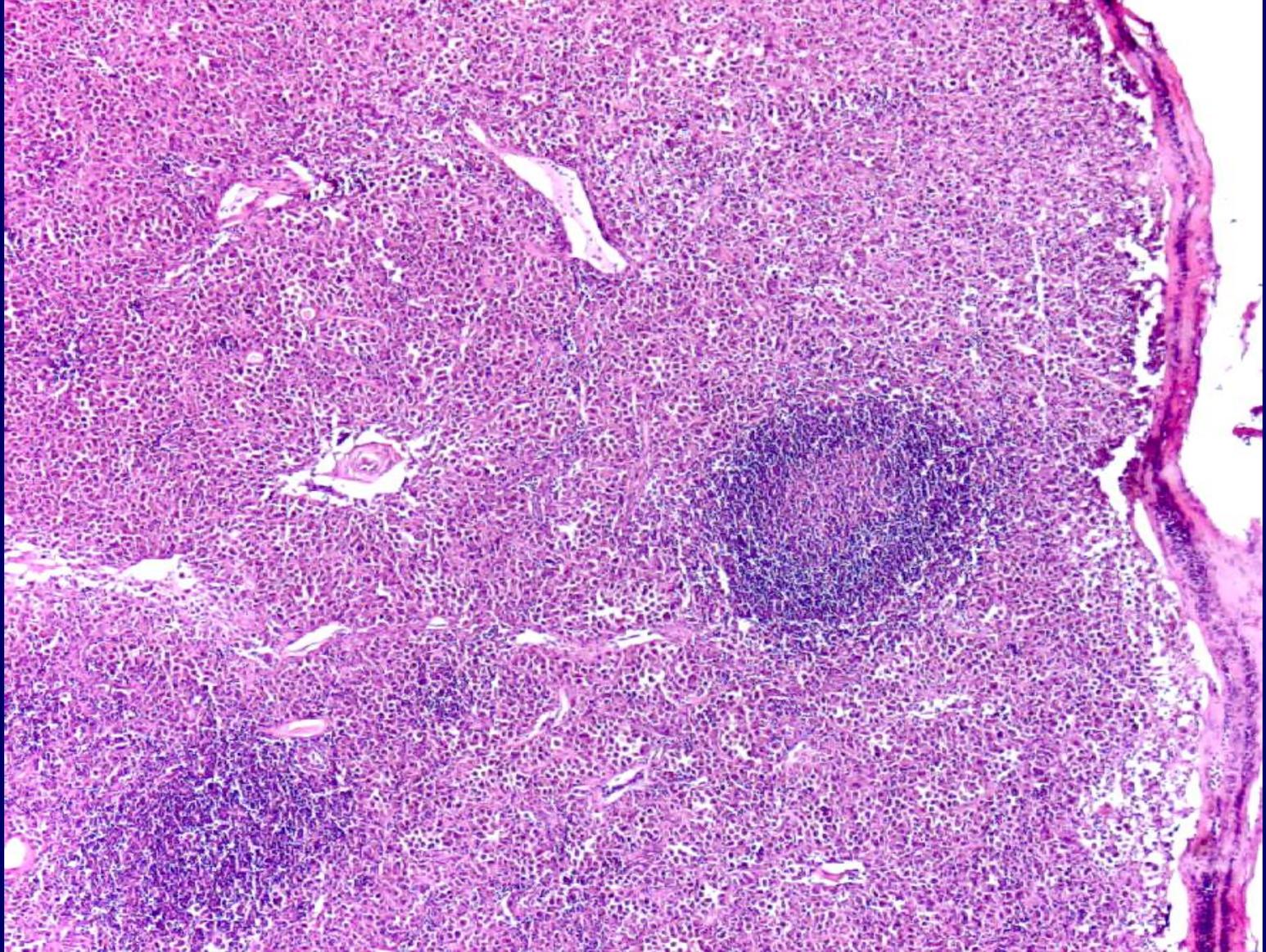
*Femme âgée de 65 ans

*Tuméfaction cervicale gauche indolore évoluant depuis 6 mois.

*Absence de fièvre, de sueurs nocturnes ni d'amaigrissement.

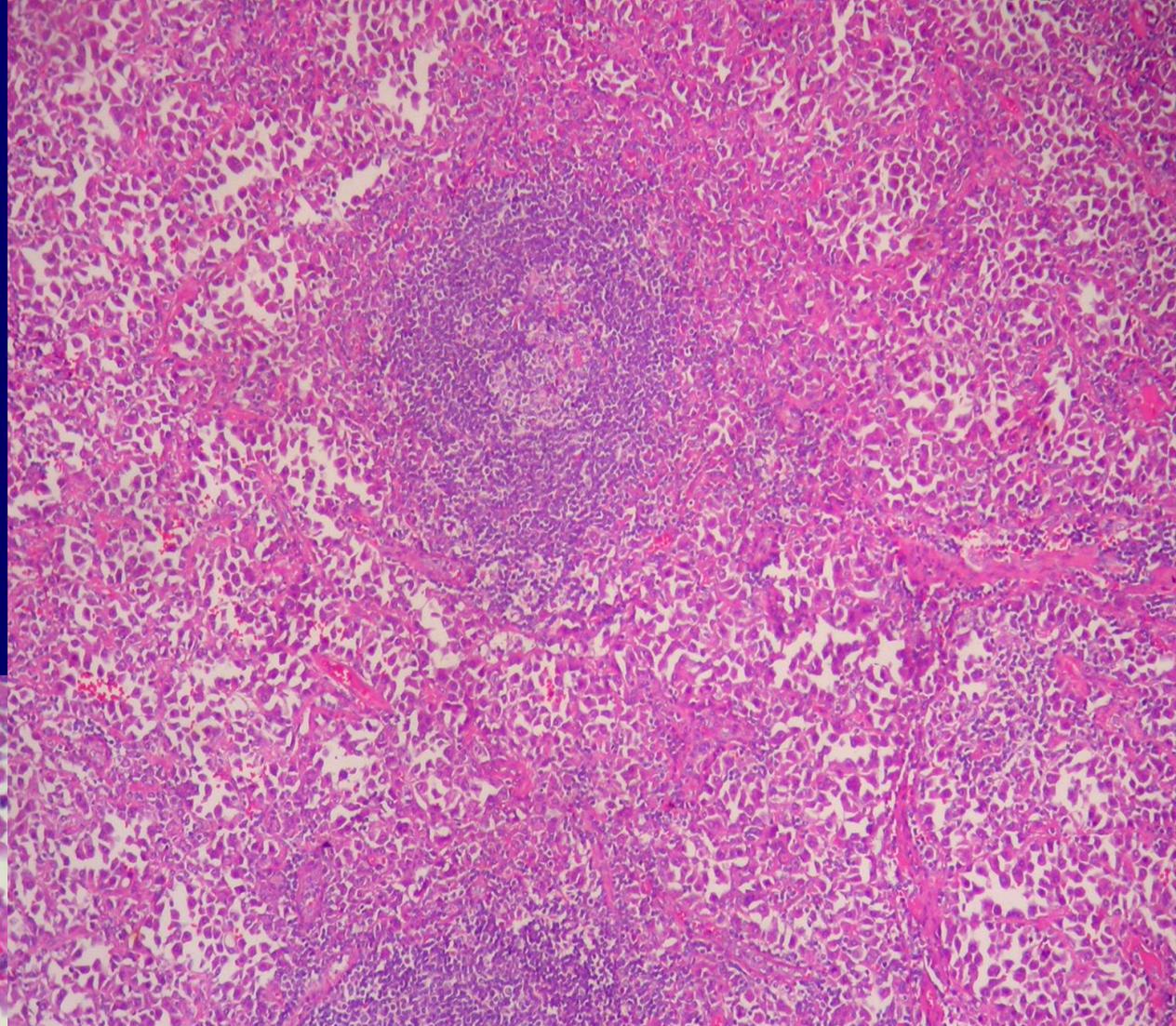
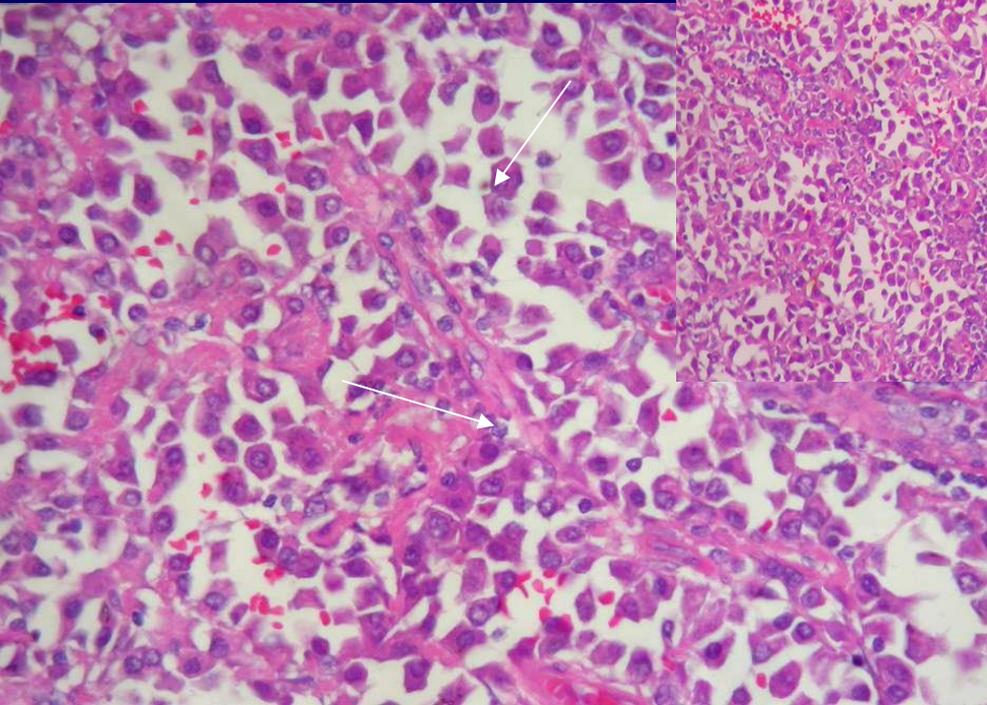
*Examen clinique: nombreuses adénopathies cervicales gauches jugulo-carotidiennes (Taille de 1 à 2,5 cm).

*Une cervicotomie était pratiquée.



Une prolifération tumorale infiltrant la capsule et siégeant entre les follicules lymphoïdes bien visibles, parfois à centre clairs

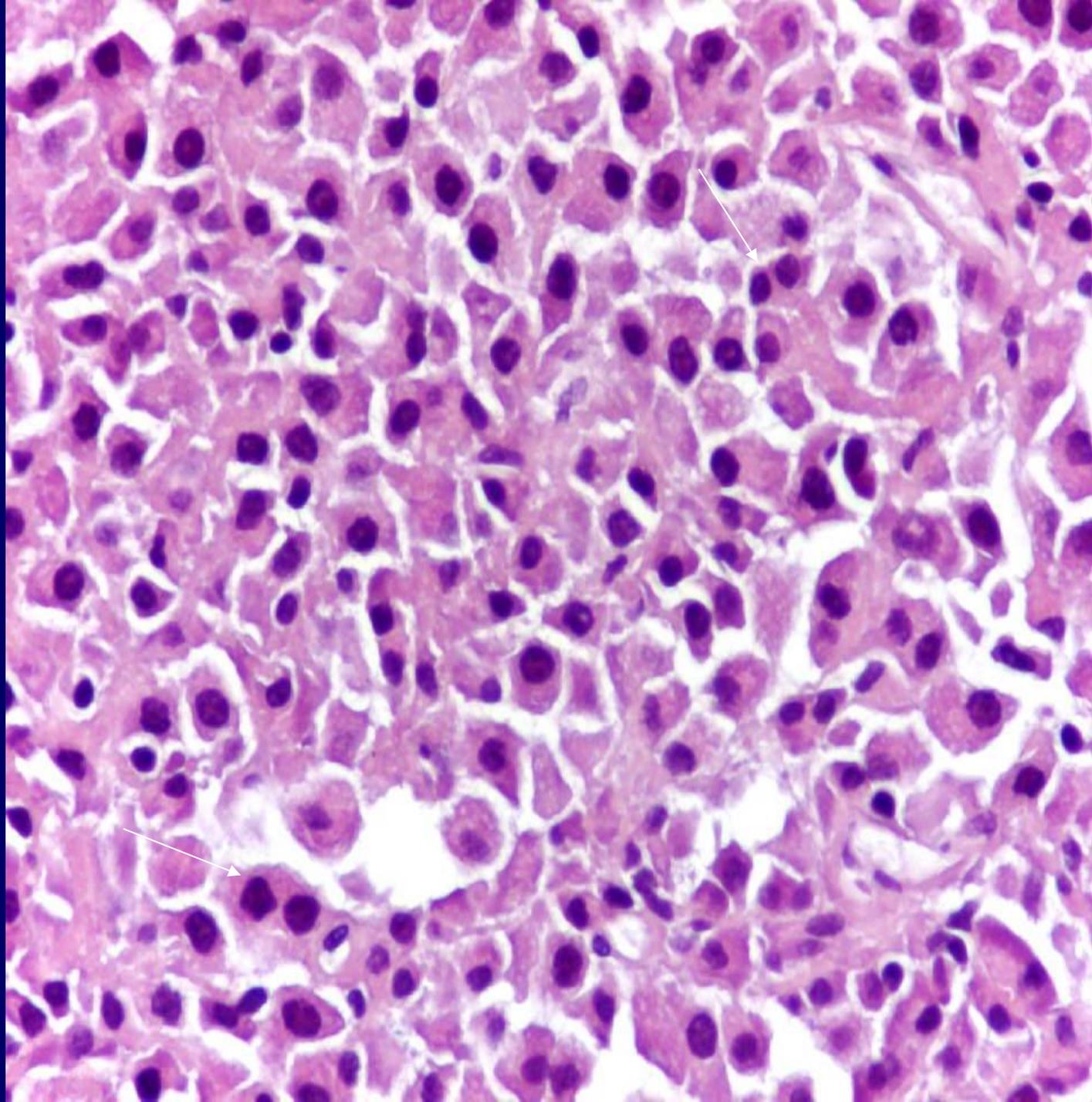
Les mêmes cellules
tumoraux
infiltrent les sinus
périphériques



Cellules de type
plasmocytoïde

Noyaux irréguliers,
hyperchromatiques

Cellules binucléés



- Panel d'anticorps utilisé:
- Cytokératines AE1/AE3, CD30, ALK1, CD5, CD43, EMA, CD163
- Résultats:

Les cellules tumorales étaient négatives à l'ensemble des anticorps utilisés

Diagnostic évoqué

Plasmocytome ganglionnaire ?

- IHC non contributive
- Rareté du diagnostic

Bilan d'extension

- La ponction biopsie ostéomédullaire: Absence d'infiltration plasmocytaire (**plasmocytose médullaire <10%**).
- L'électrophorèse des protéines: Absence de gammopathie - monoclonale.
- Protéinurie de Bence-Jones négative.
- Radio thorax, rachis, bassin et crâne: Normaux
- Echographie abdominale et TDM thoraco-abdominal: Normaux

DIAGNOSTIC RETENU

**PLASMOCYTOME GANGLIONNAIRE
PRIMITIF**

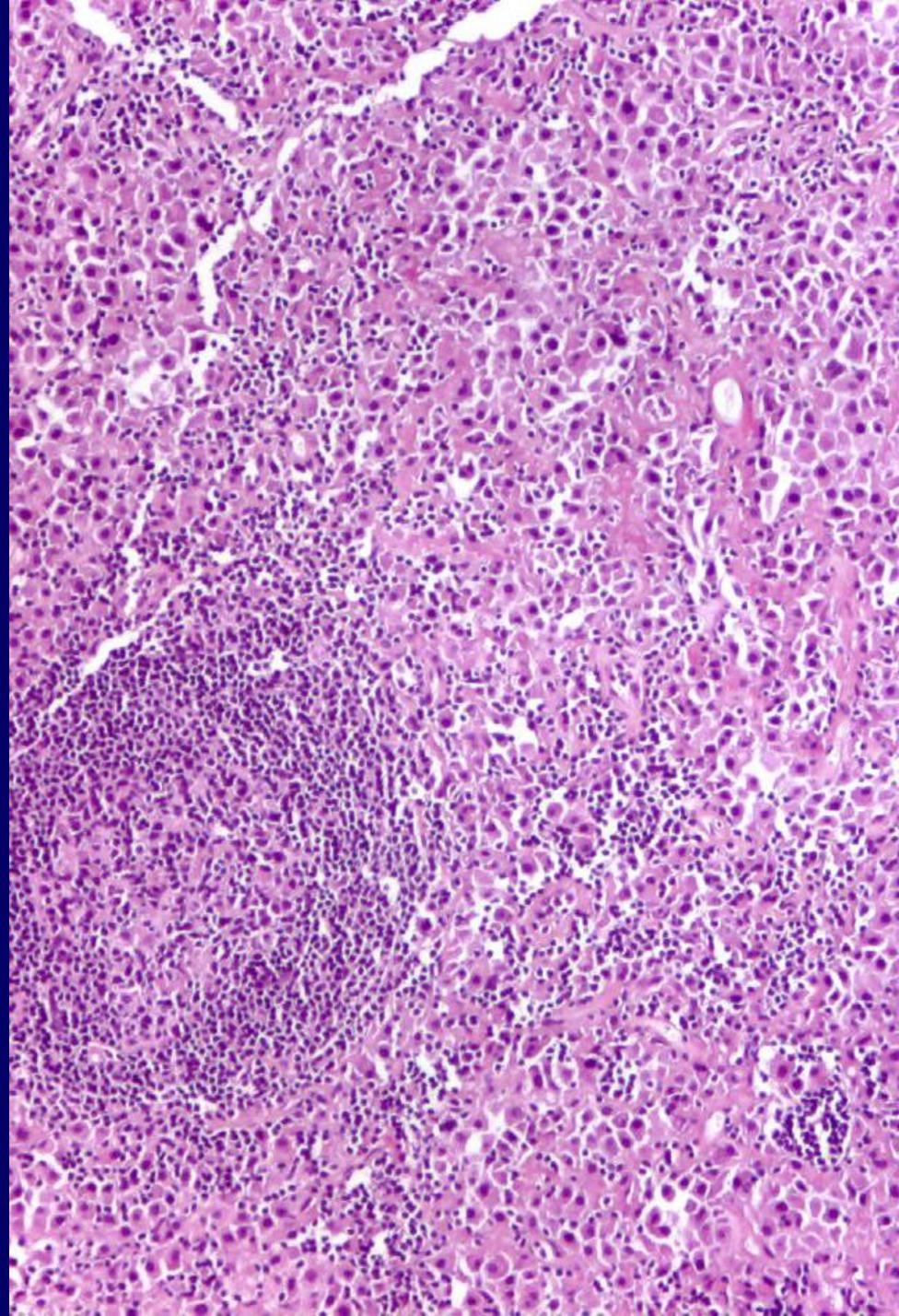
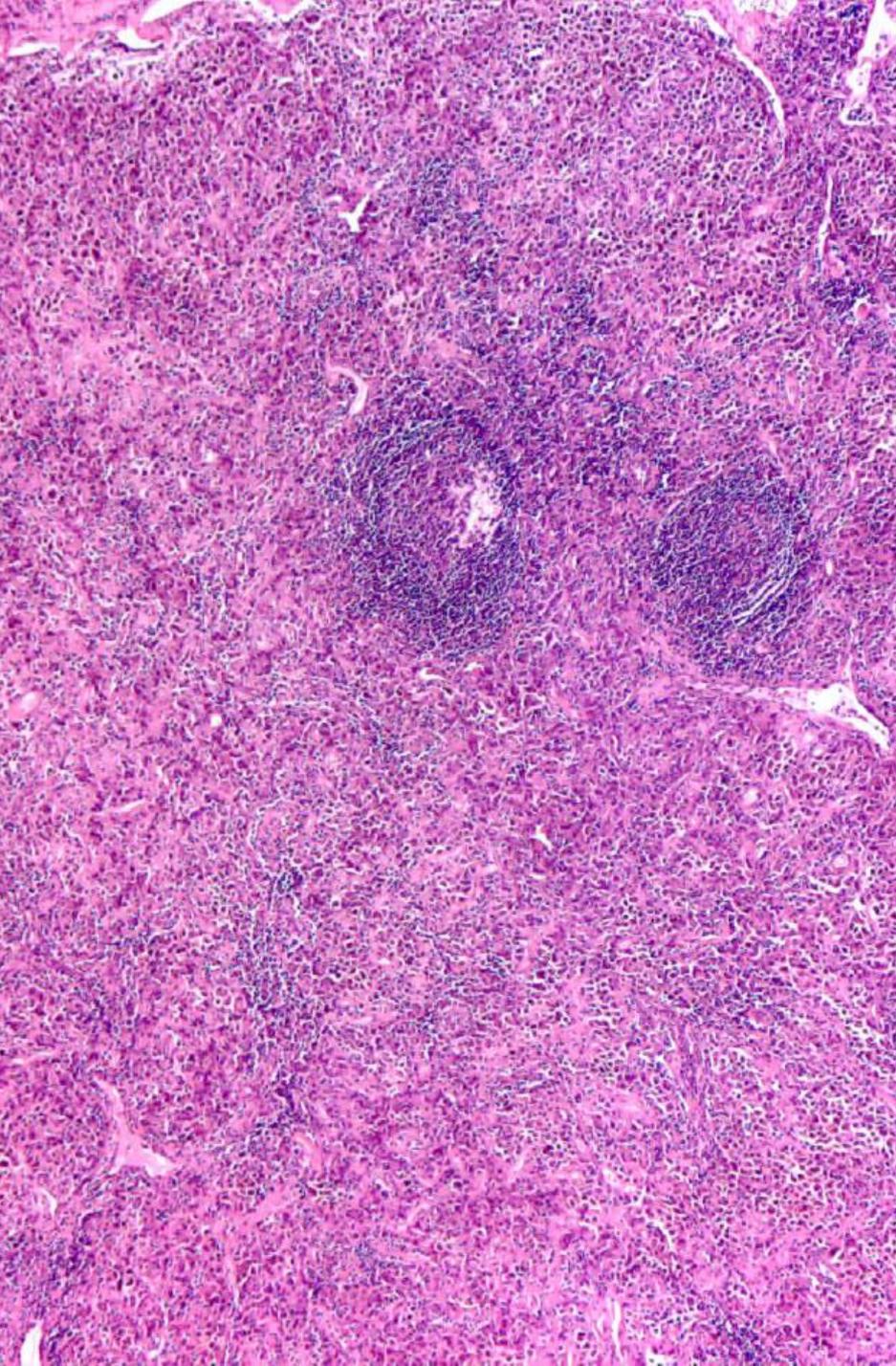
EVOLUTION

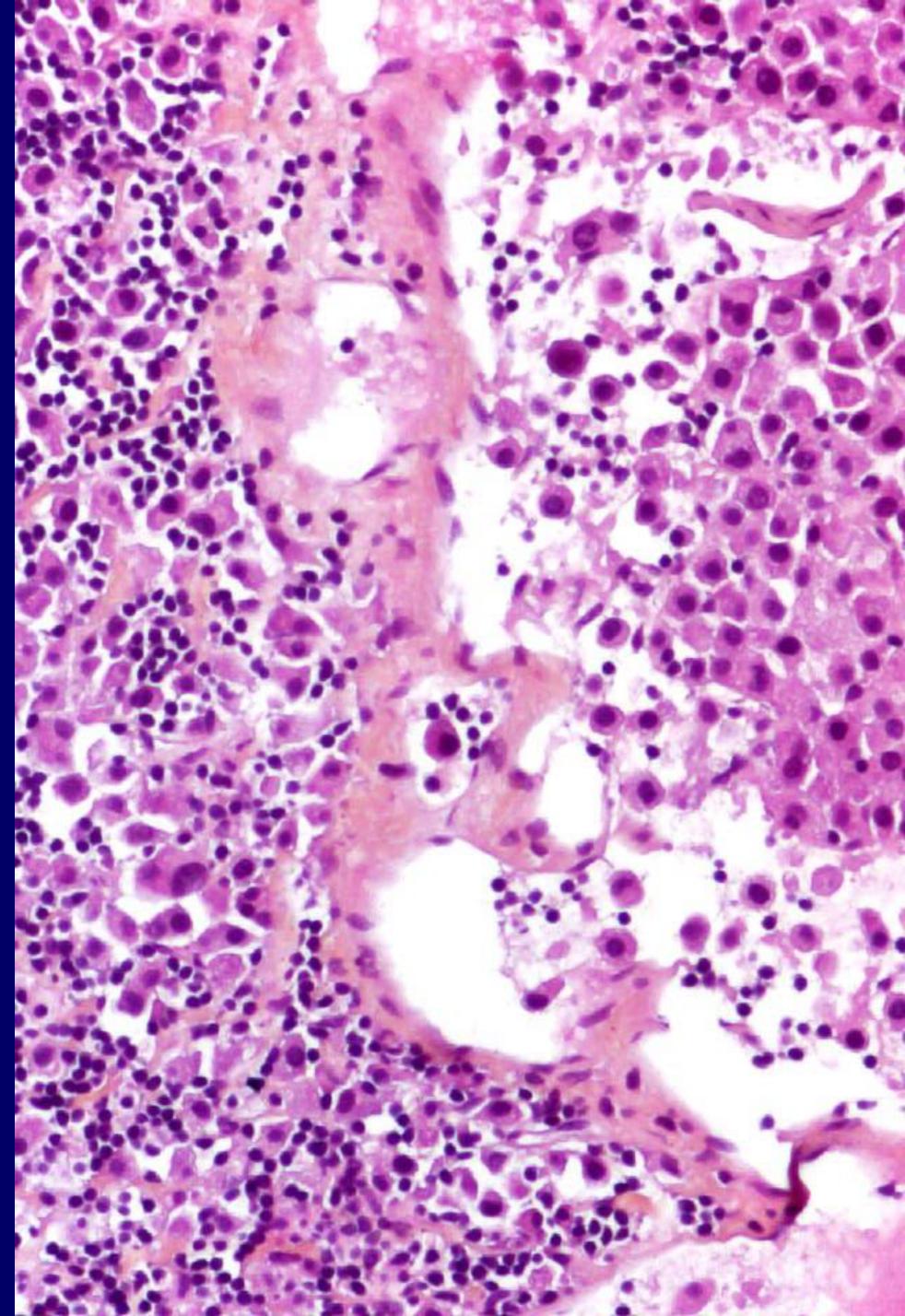
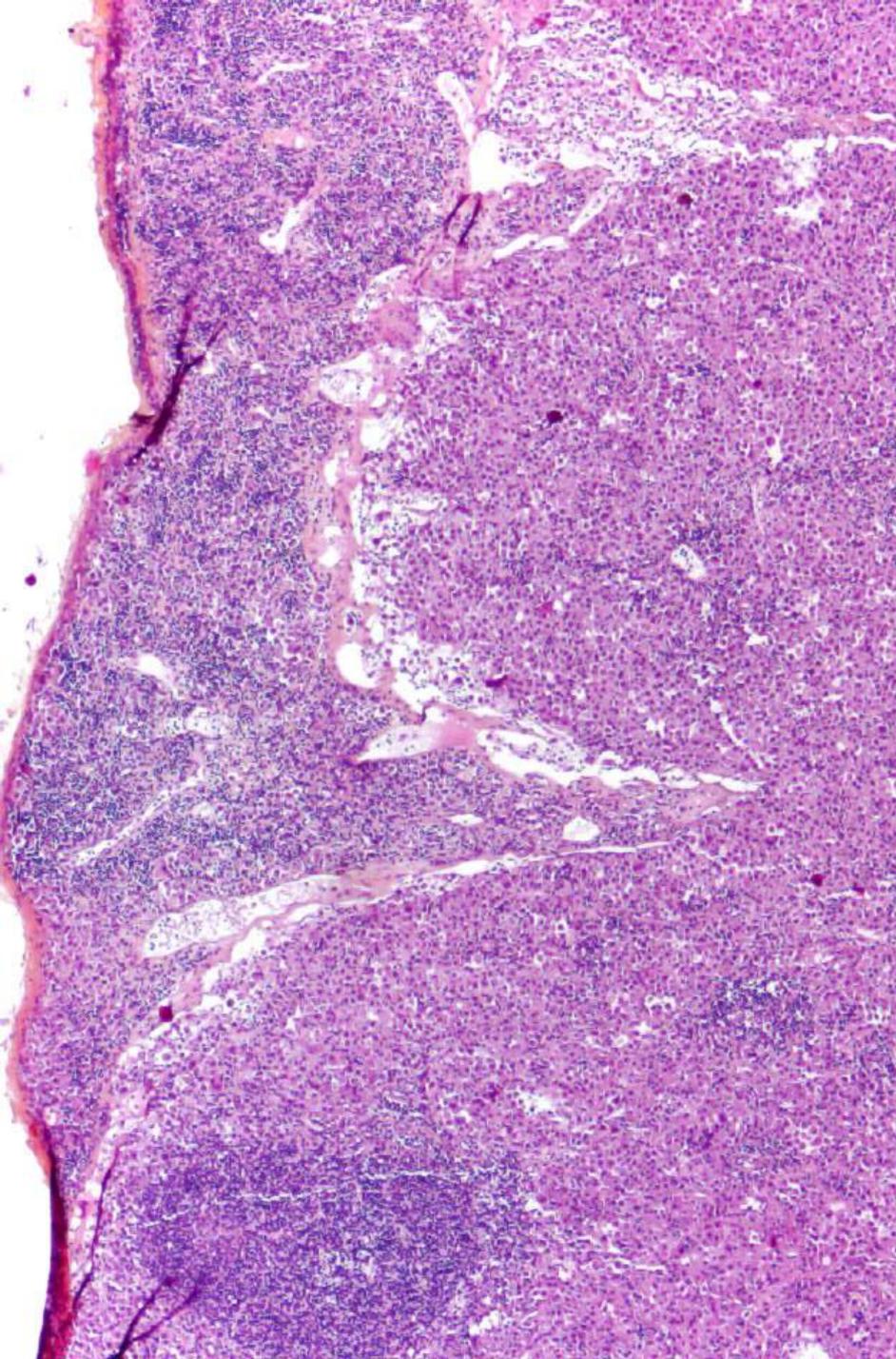
L'évolution clinique **sans traitement** était **favorable** sans récurrences locorégionales, ni transformation vers un myélome mais le recul était court (10 mois)

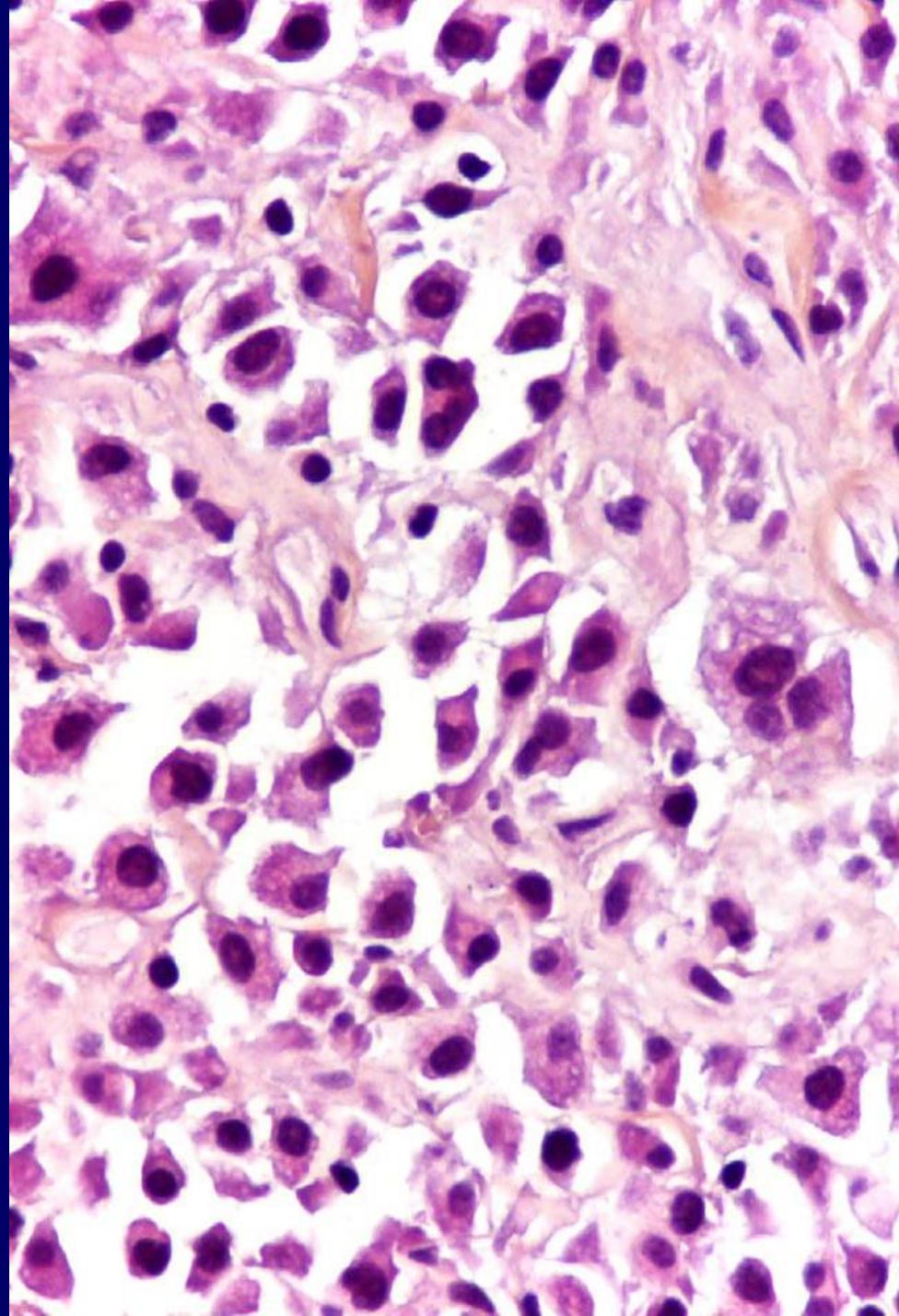
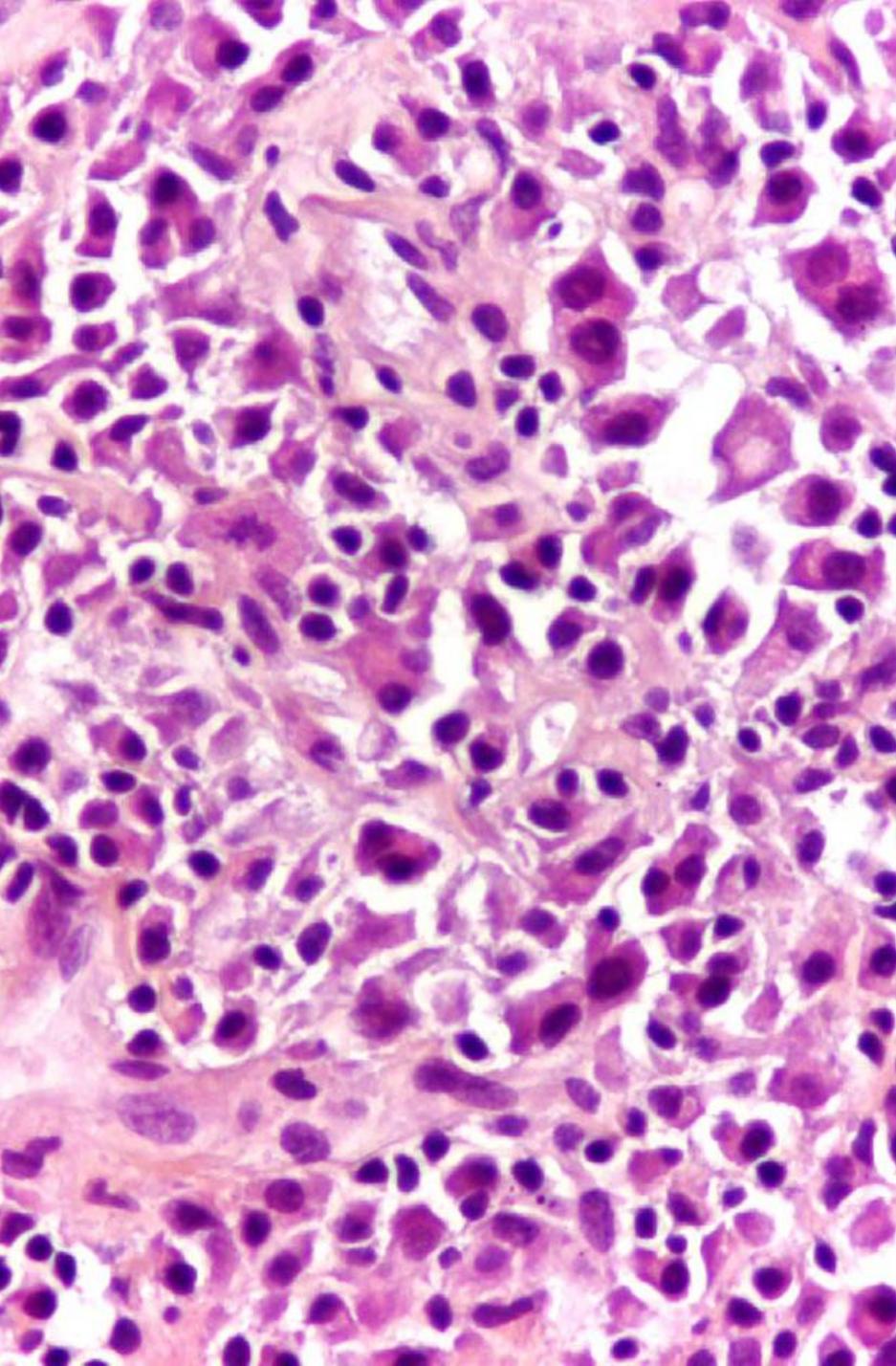
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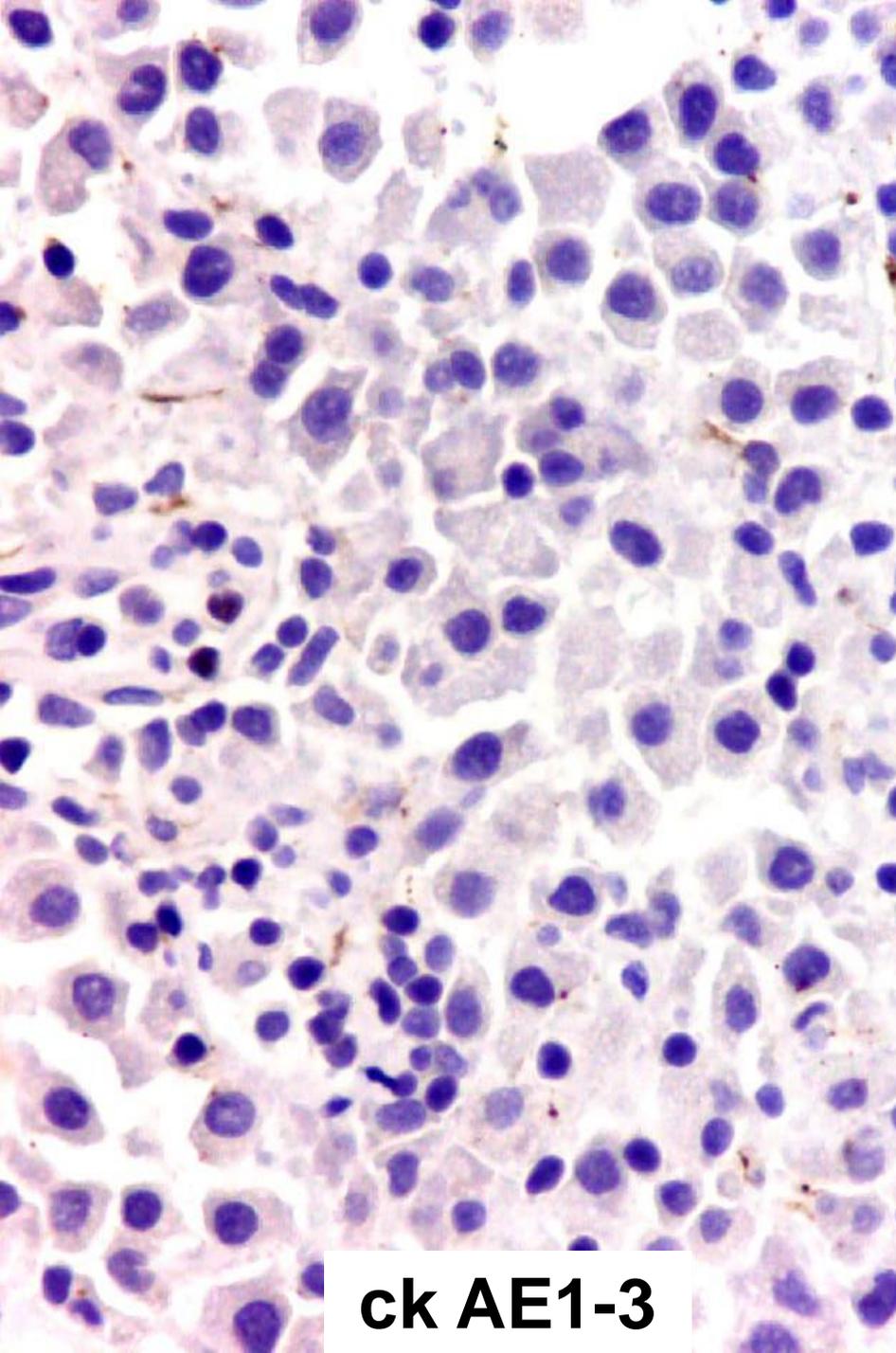
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- **Femme de 65 ans**
- **Tuméfaction cervicale droite**

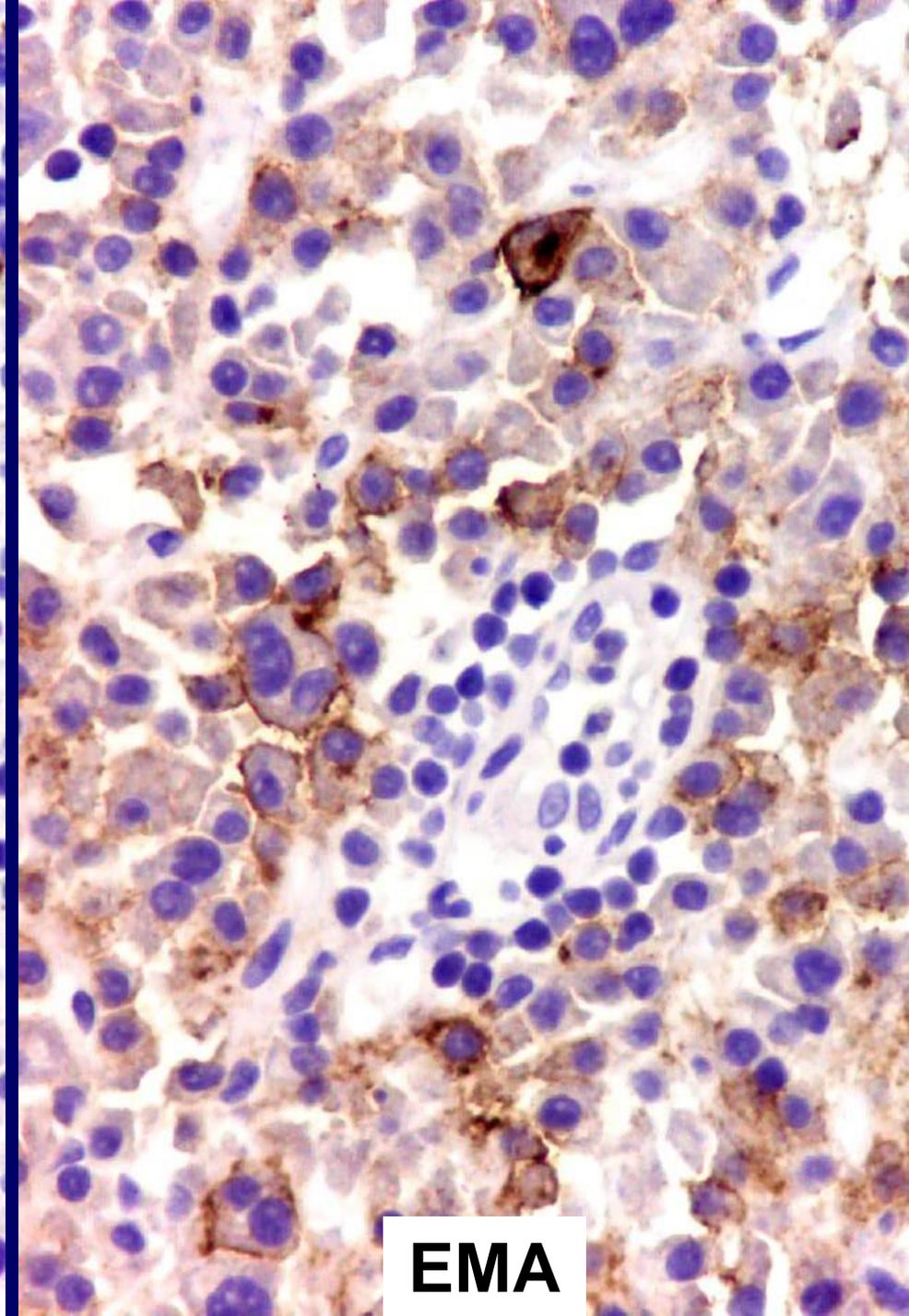




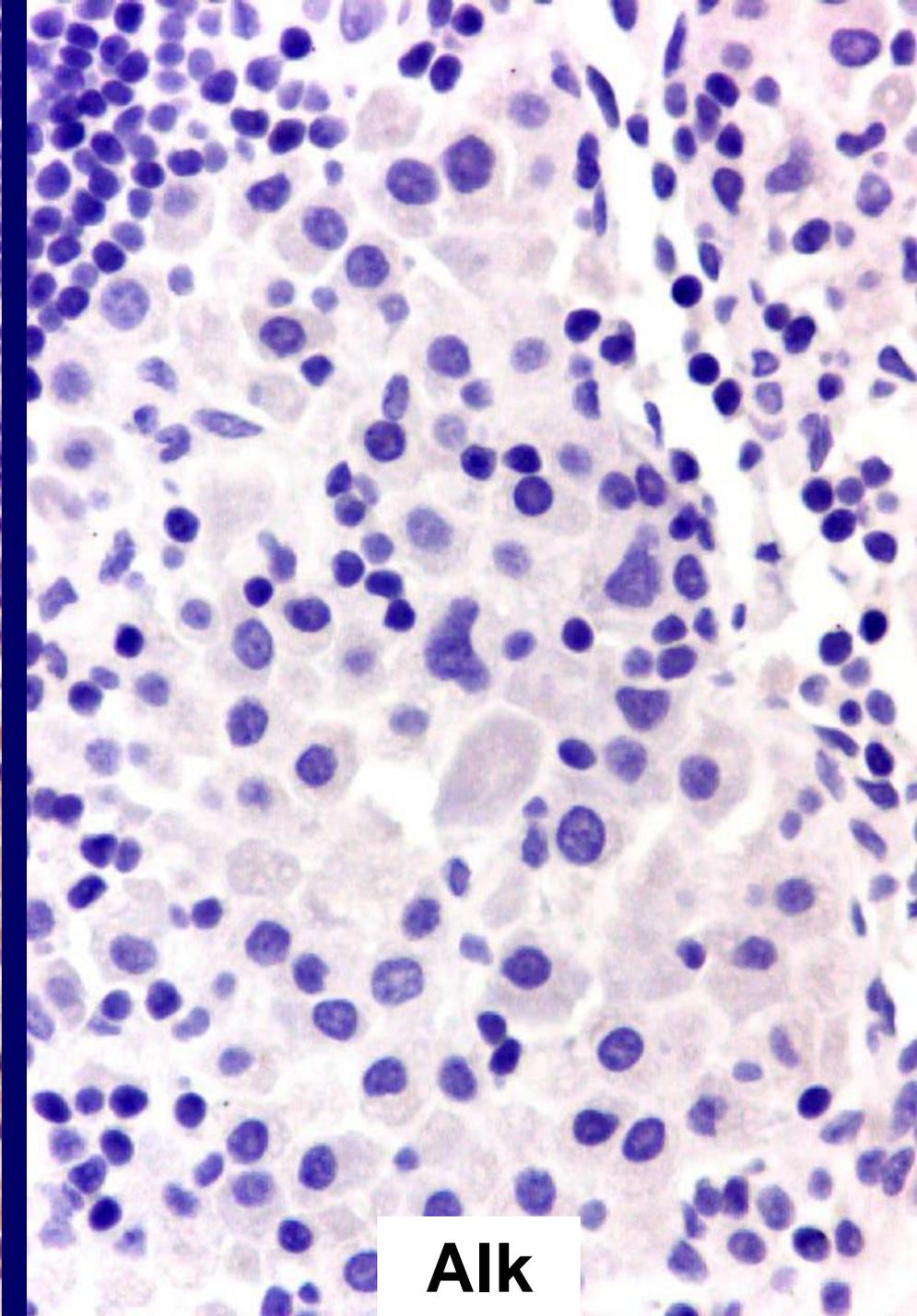
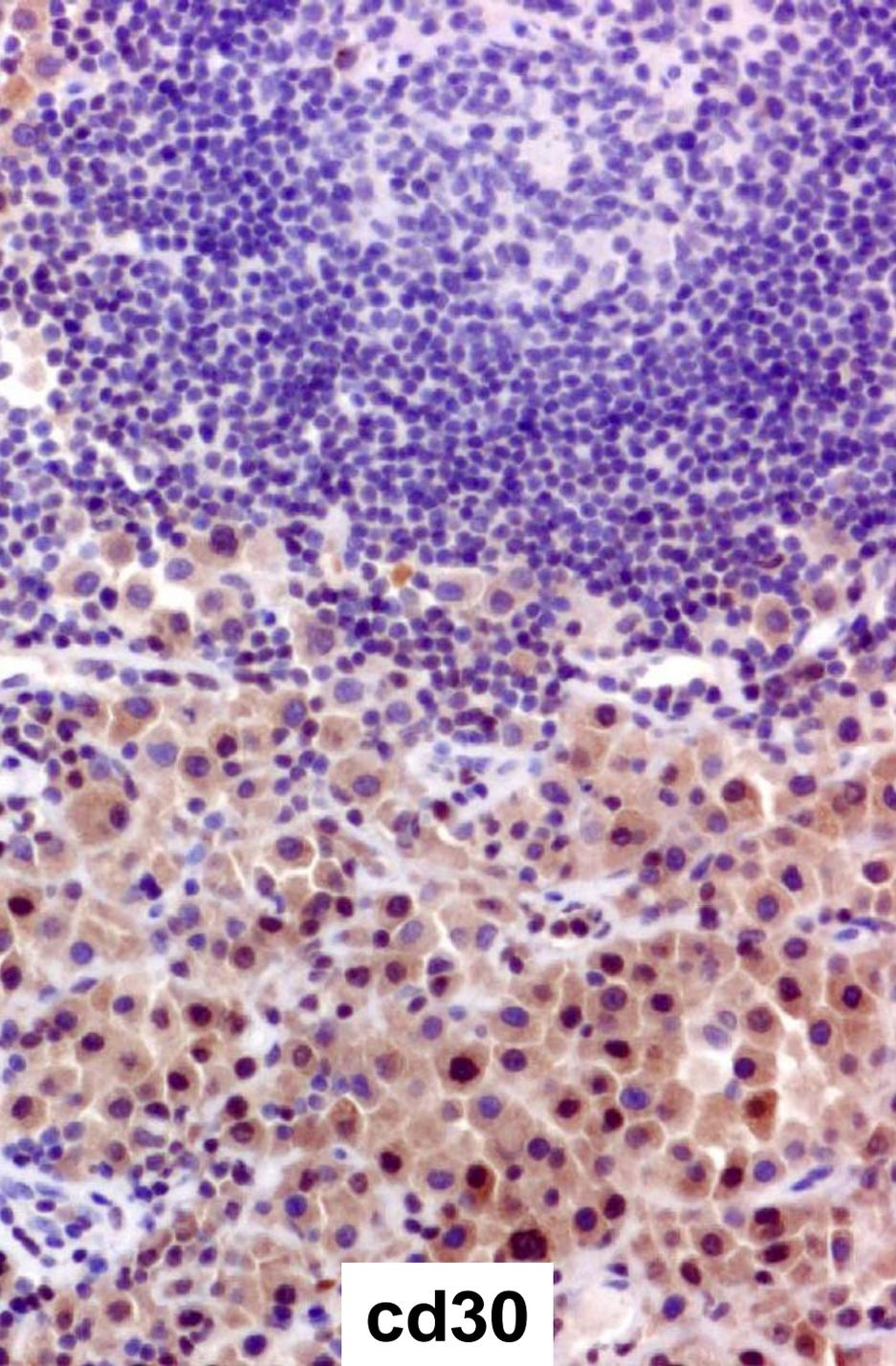


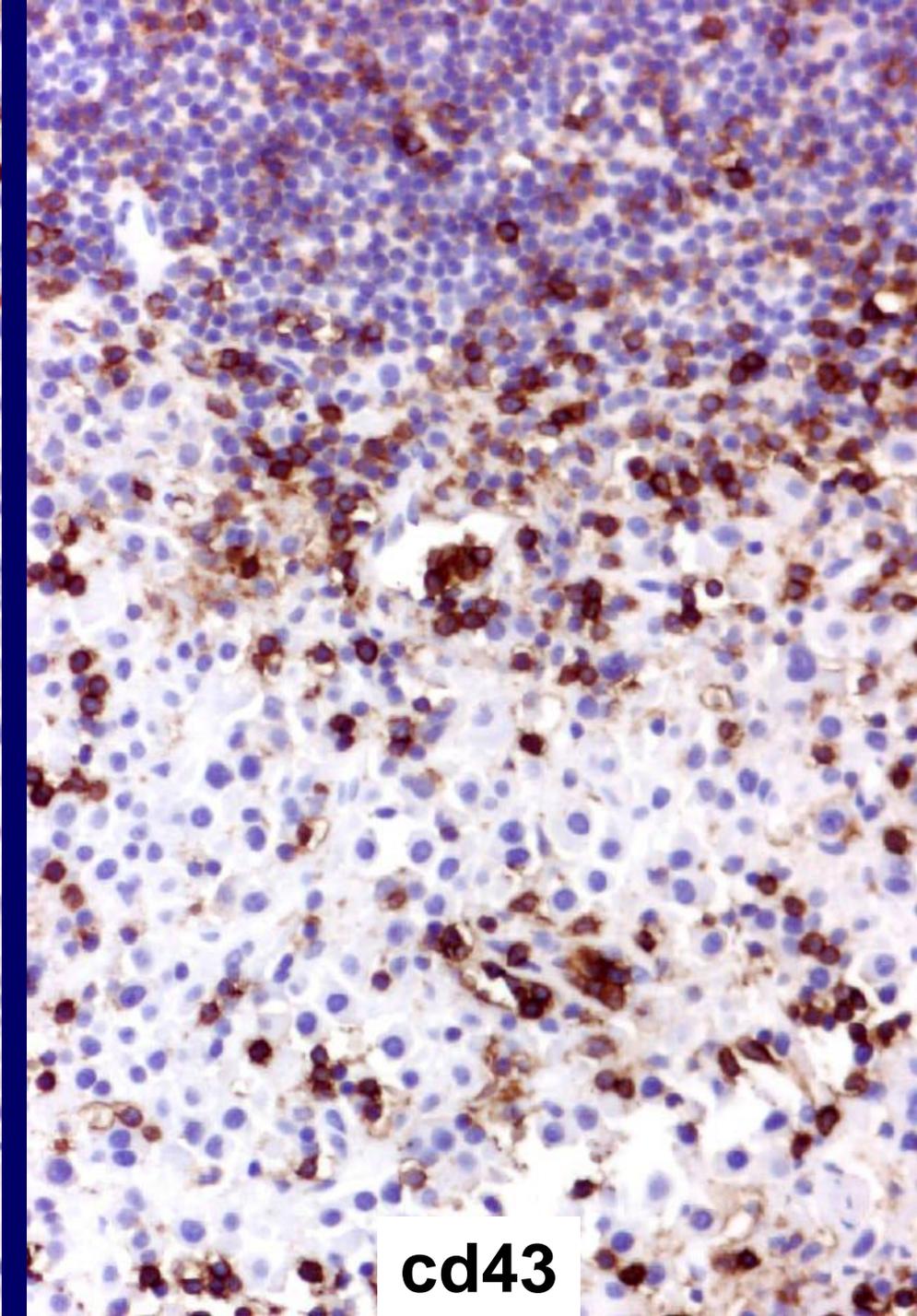
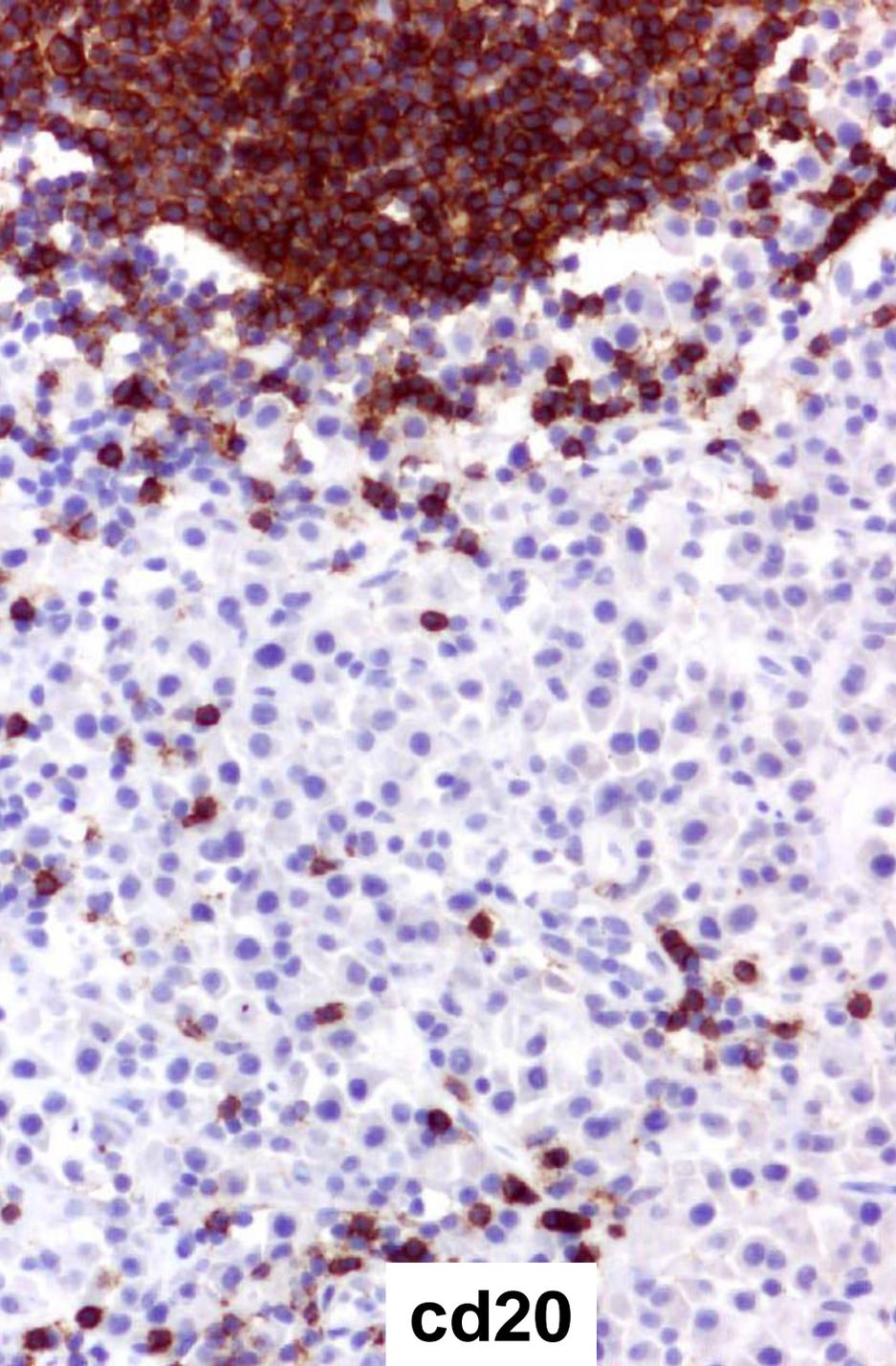


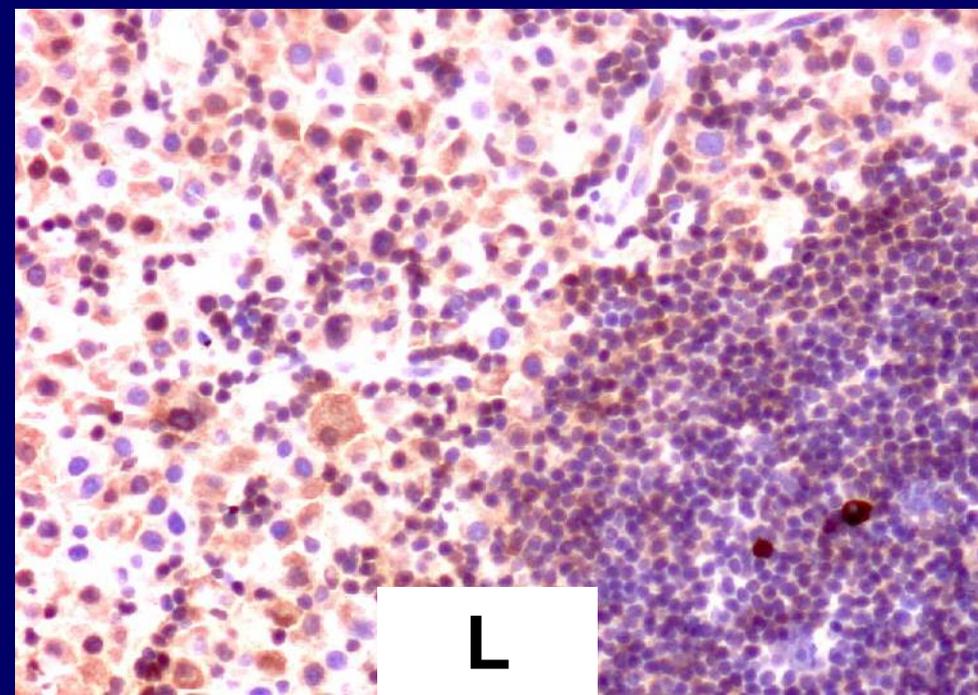
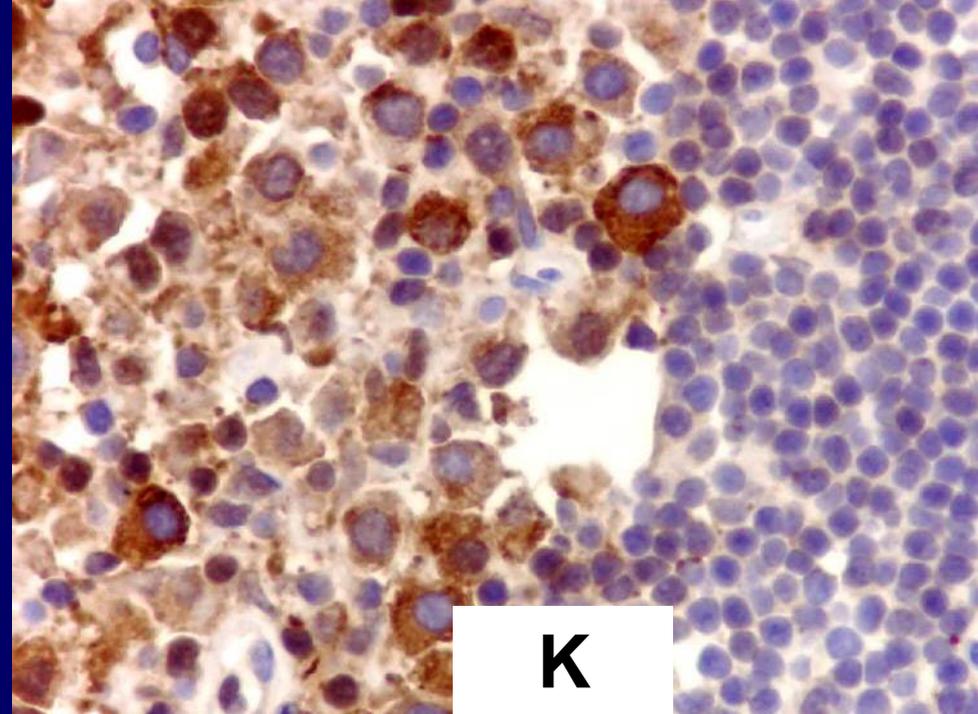
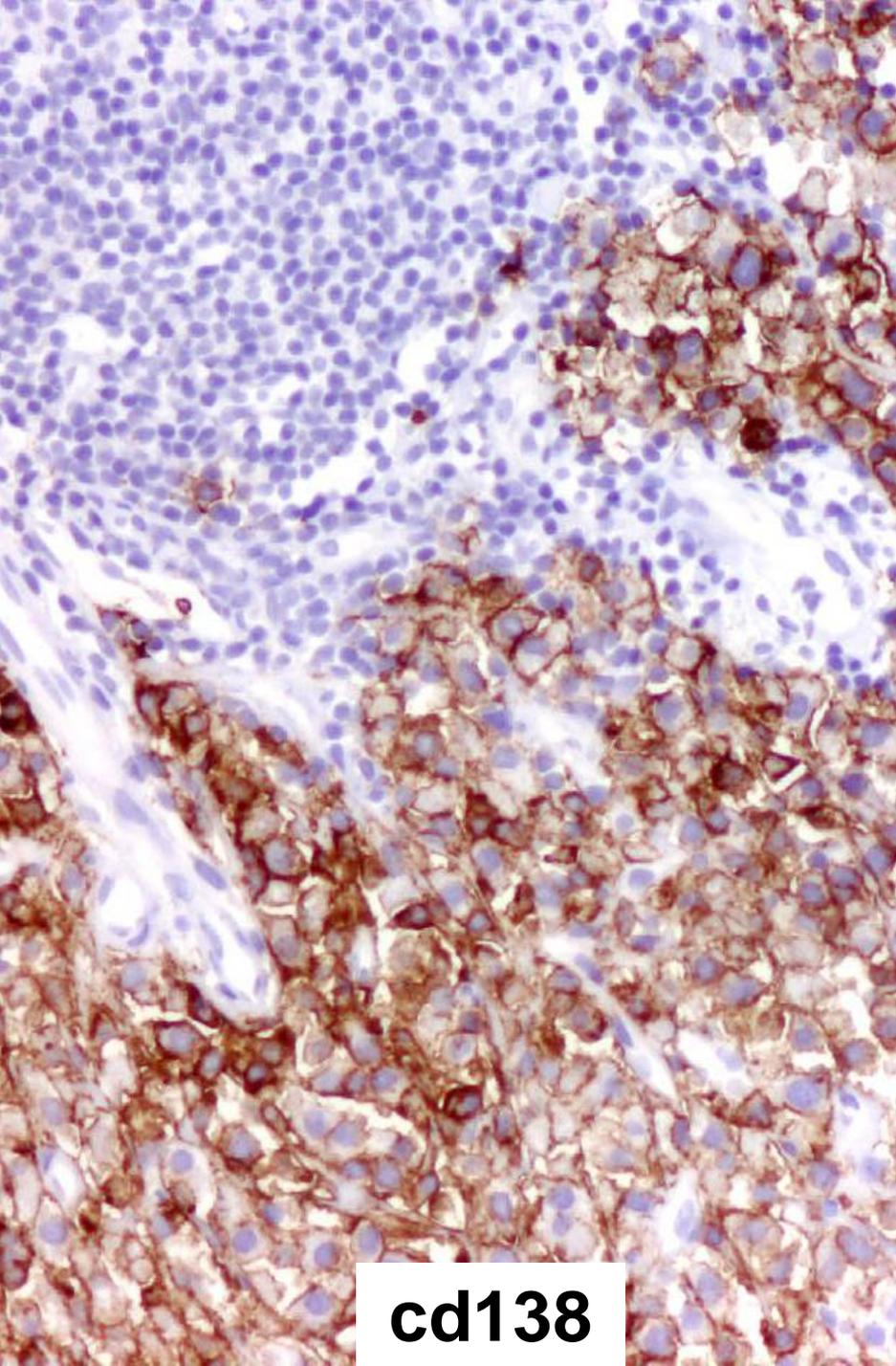
ck AE1-3



EMA







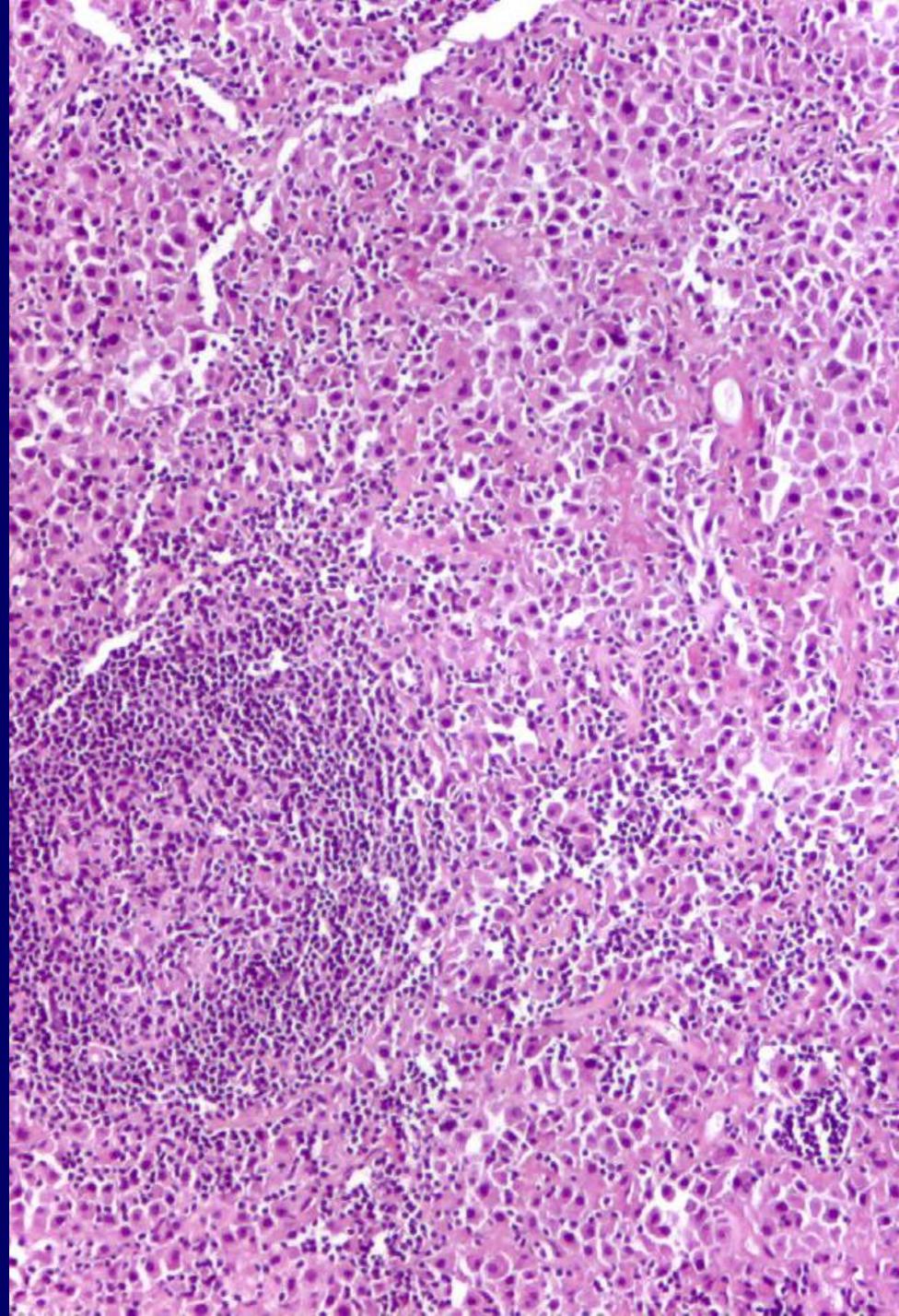
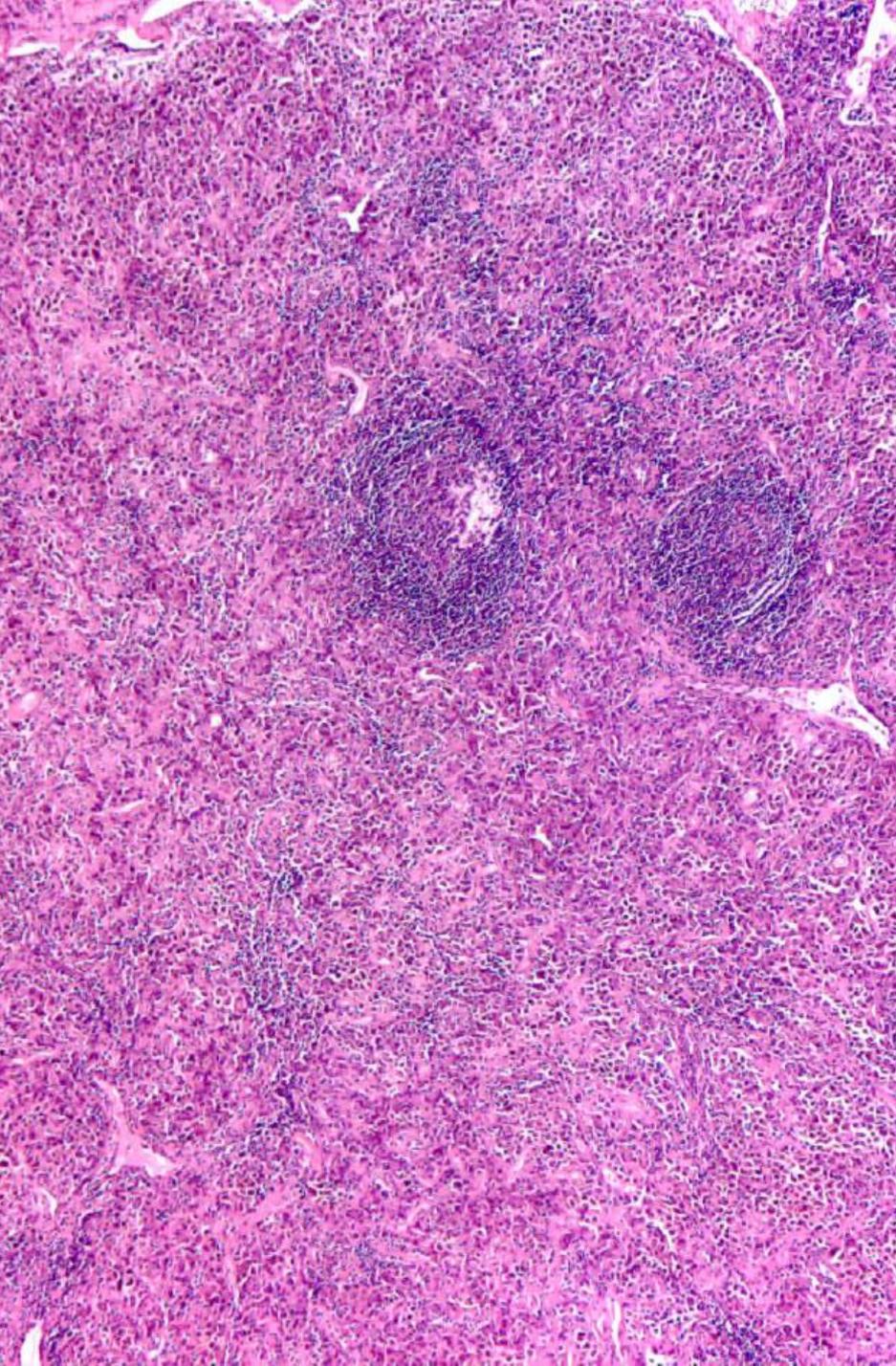
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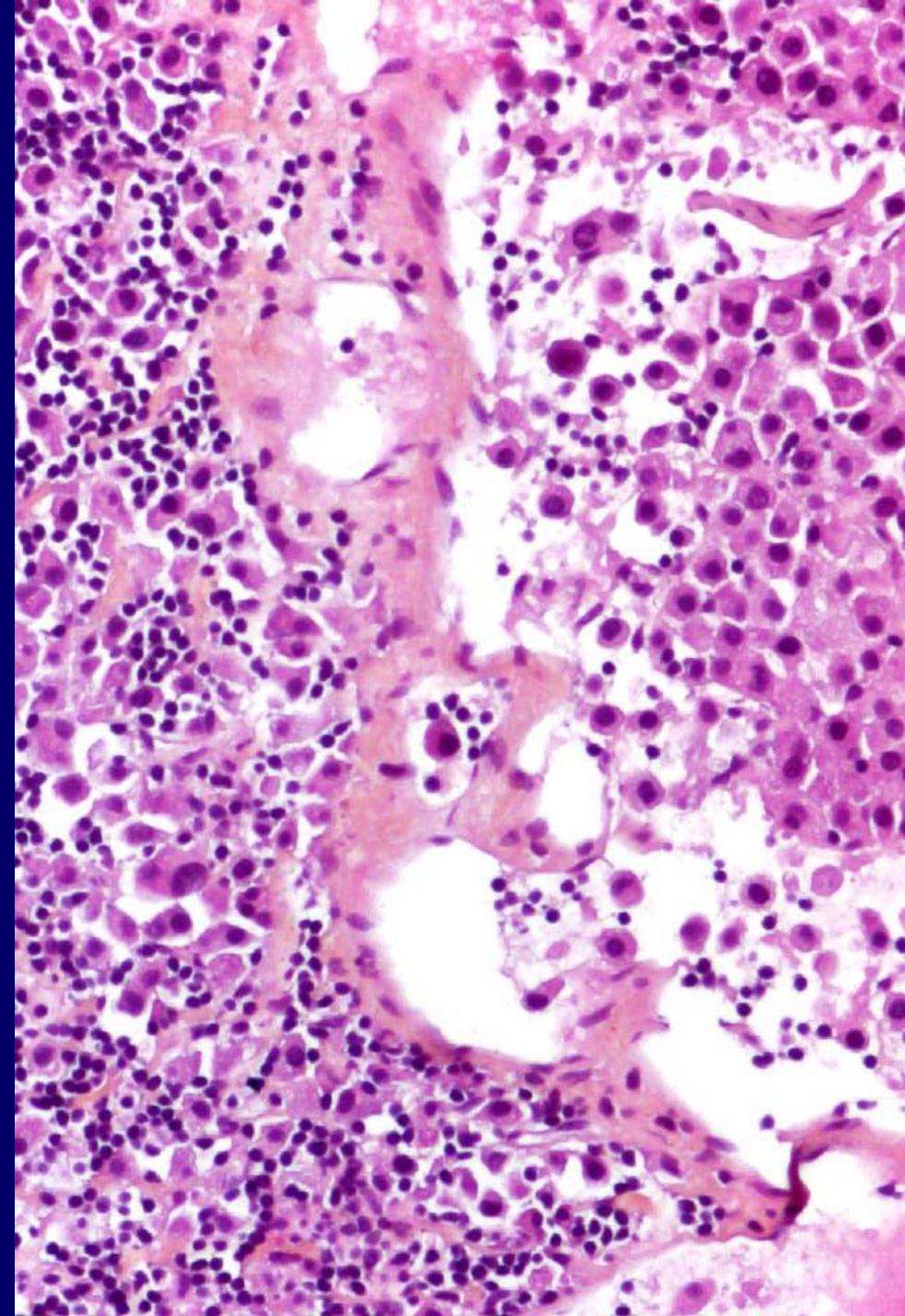
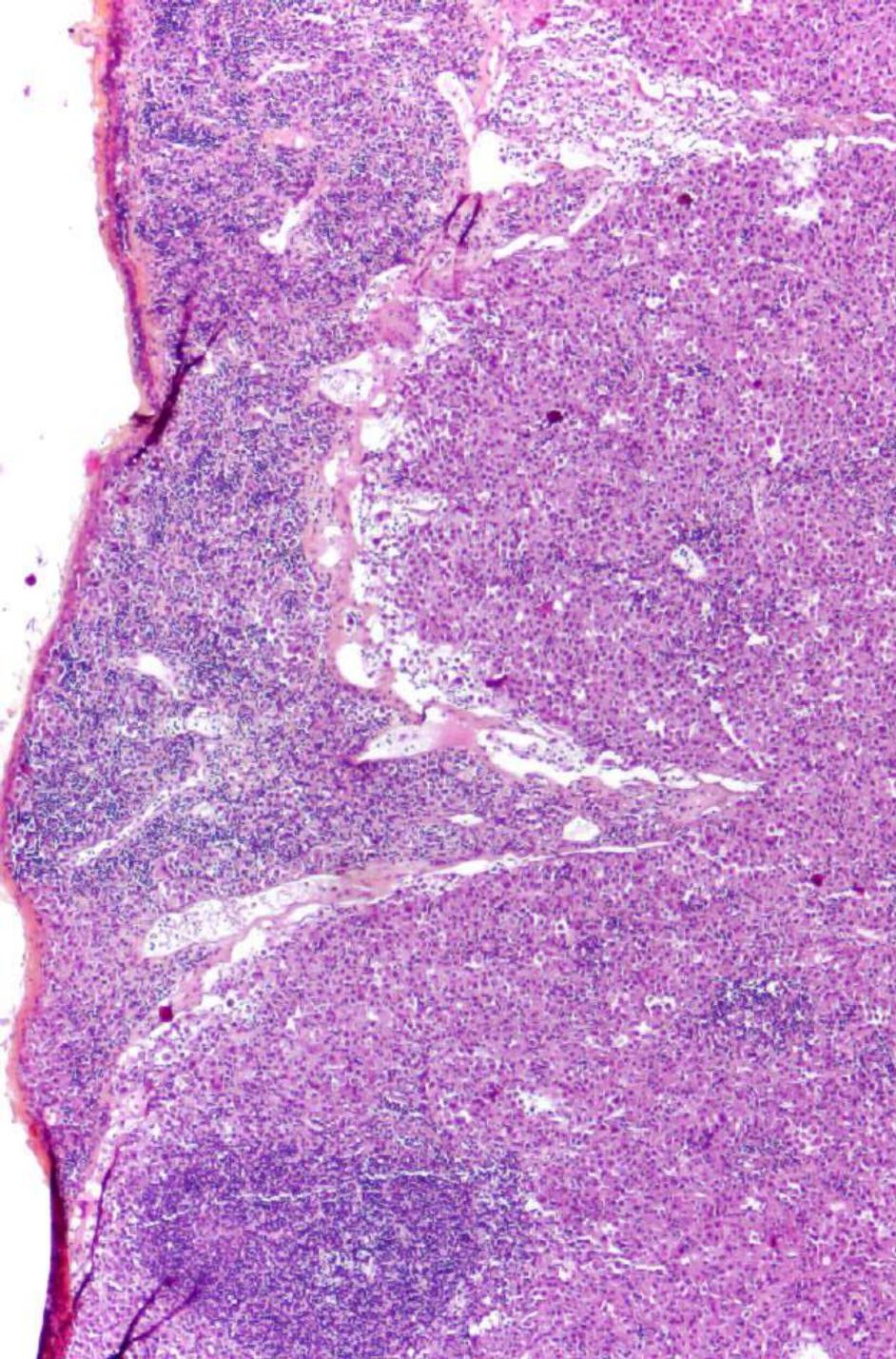
plasmocytome ganglionnaire

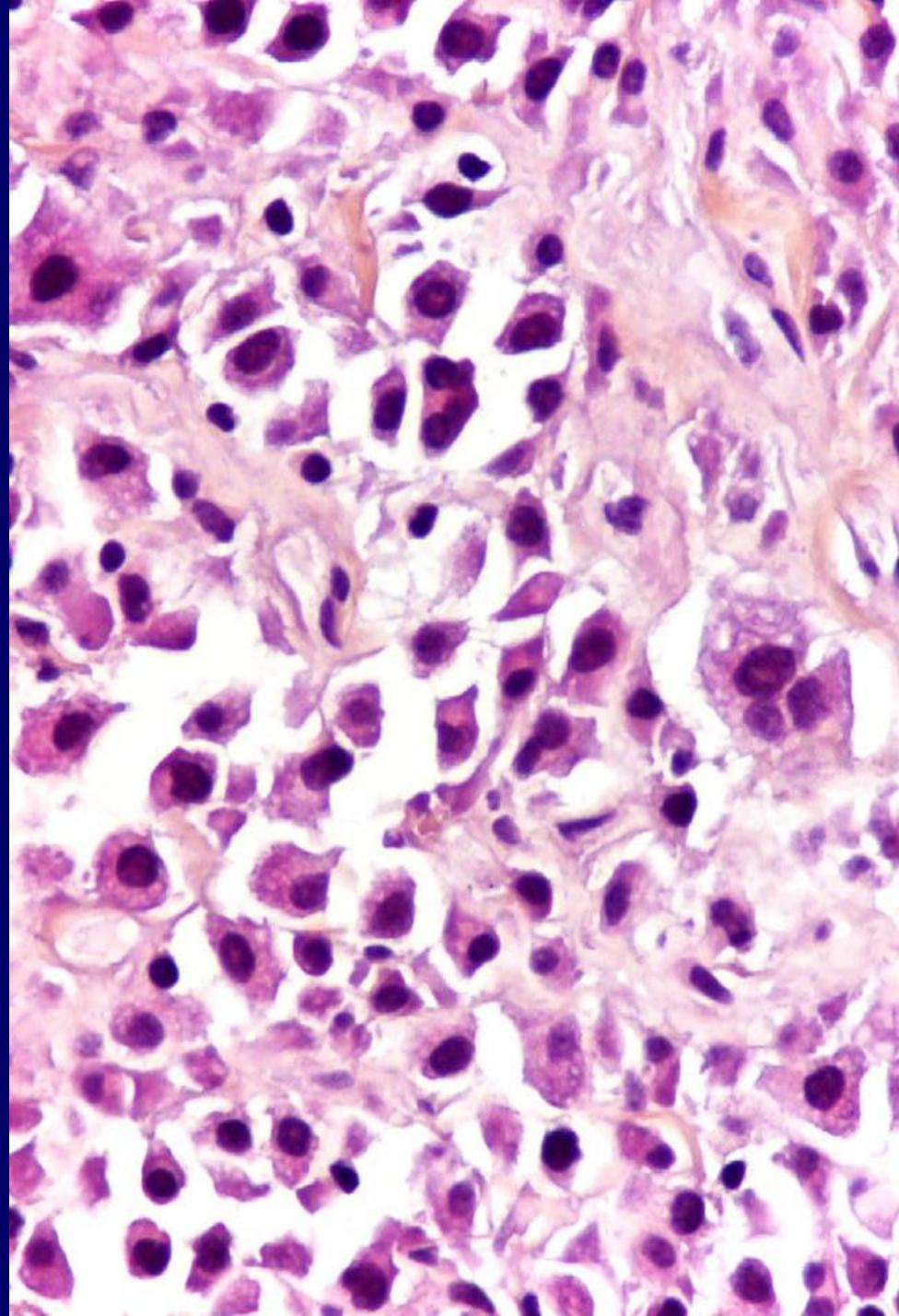
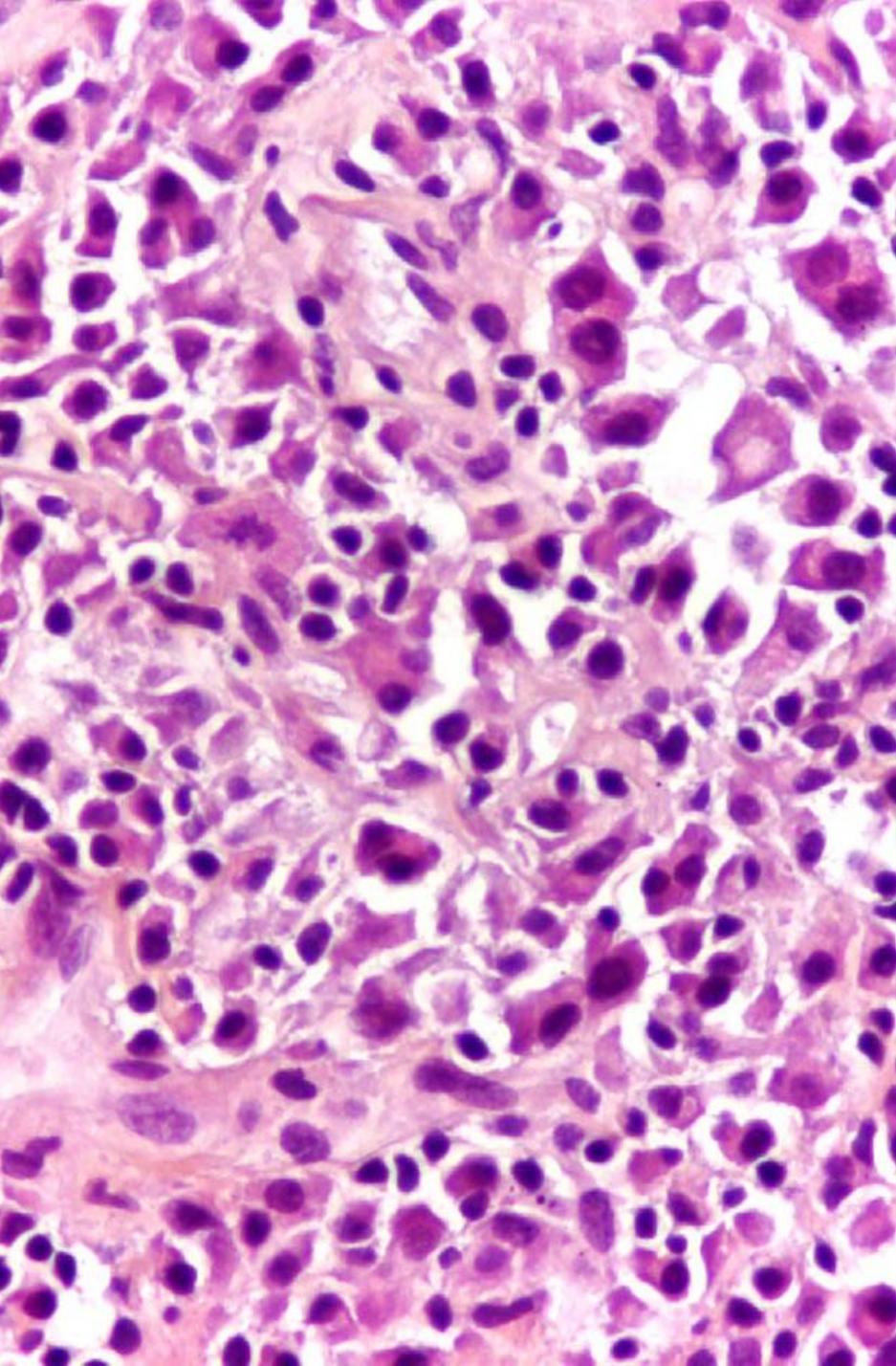
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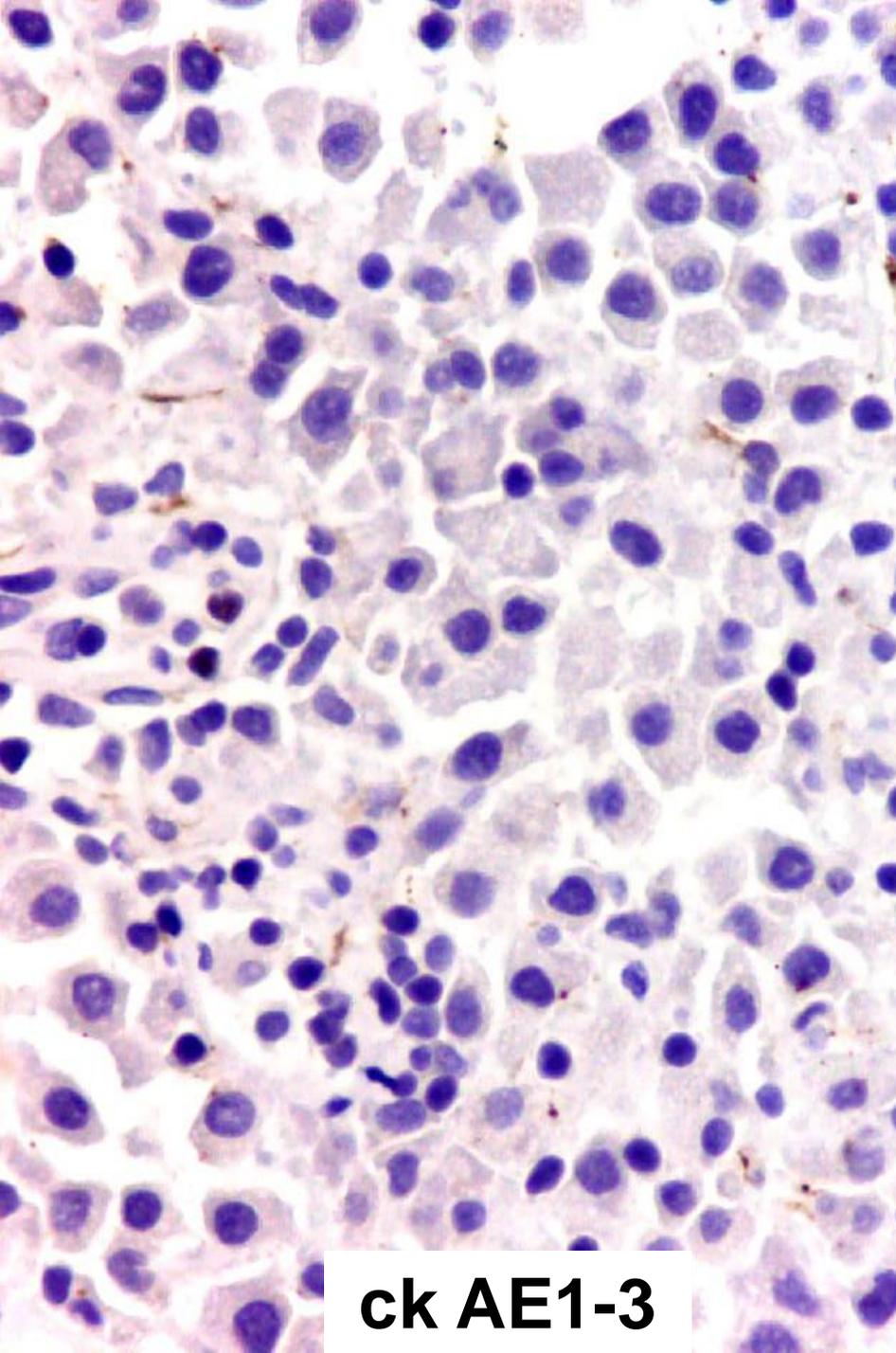
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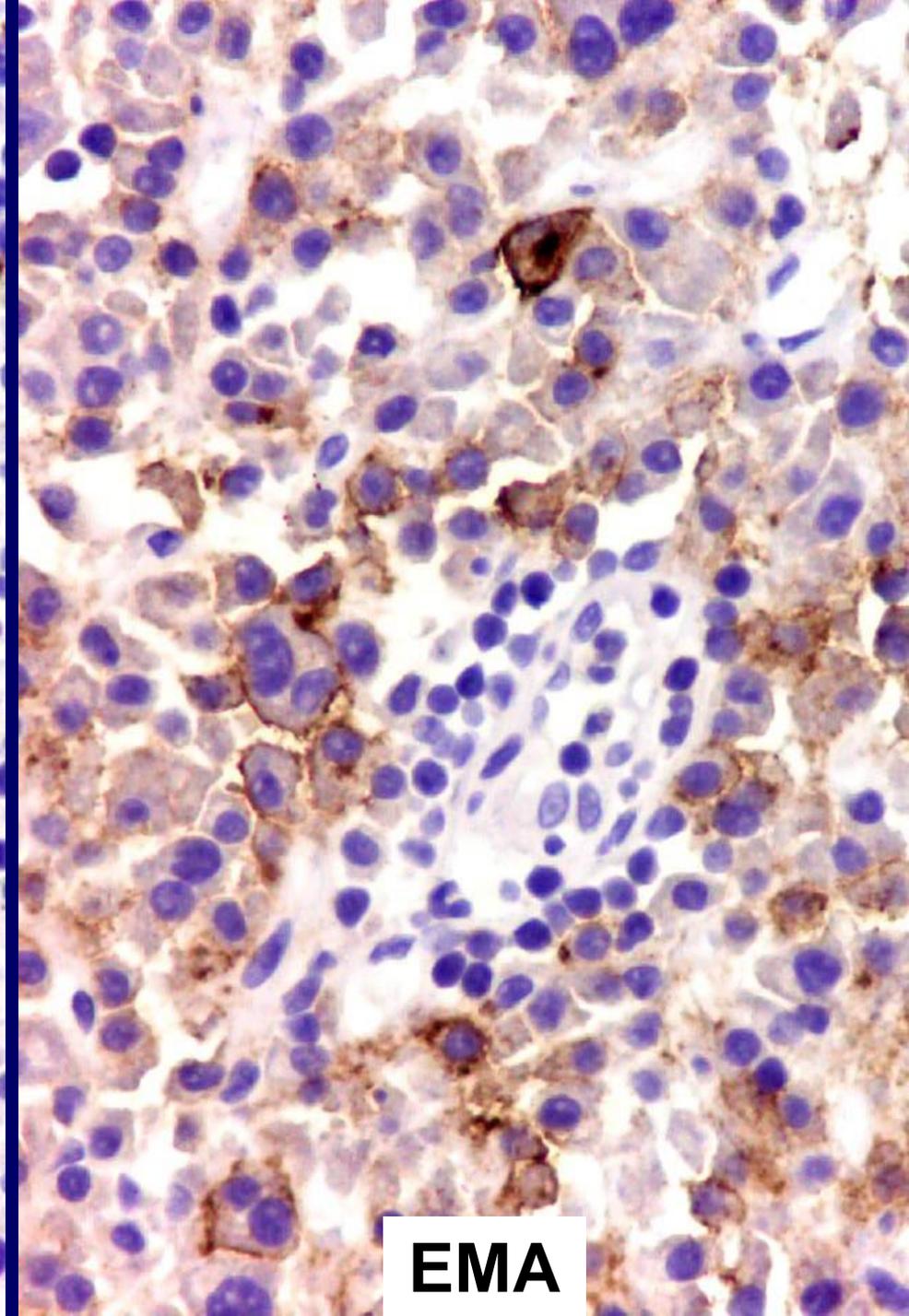




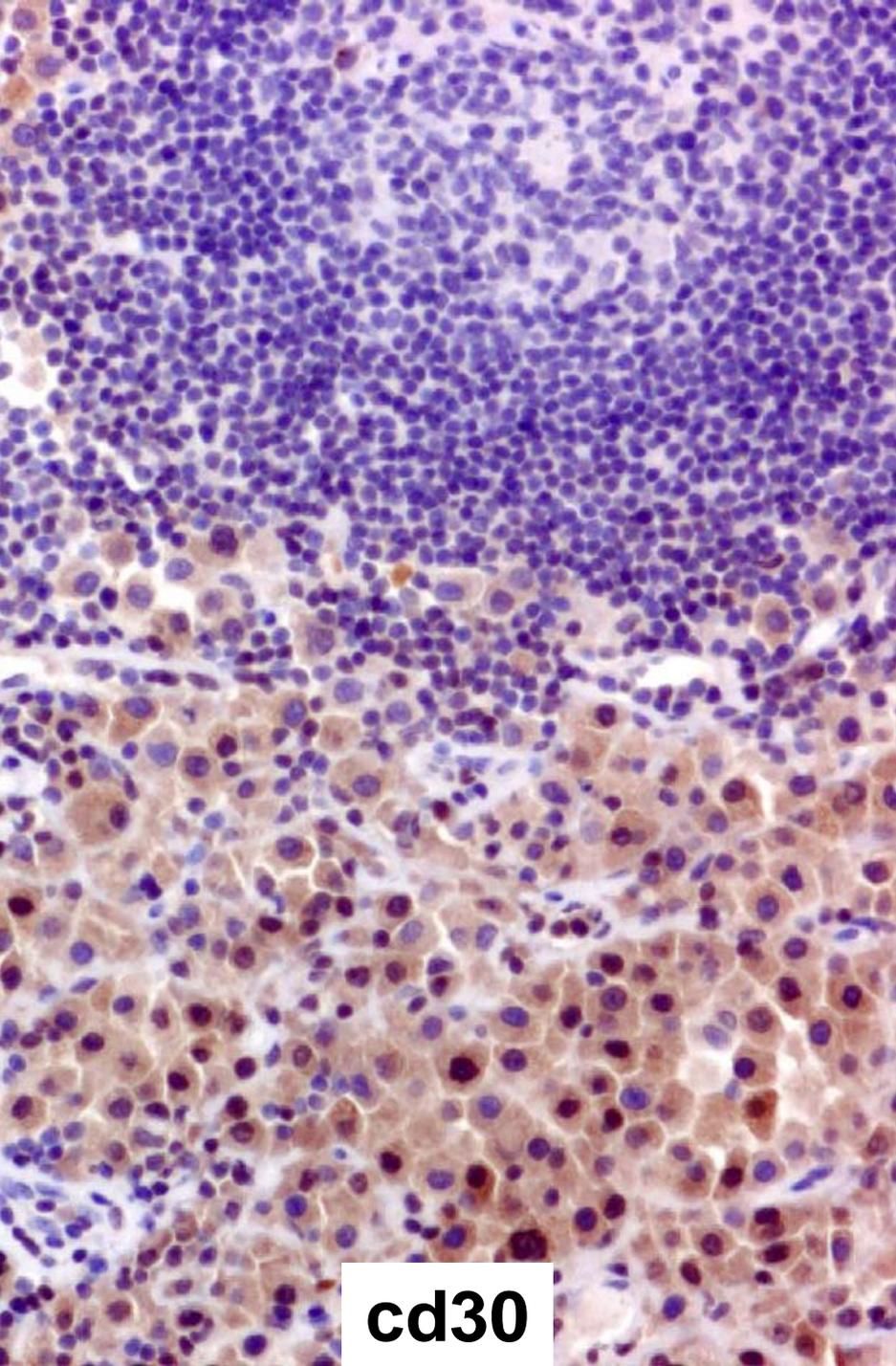




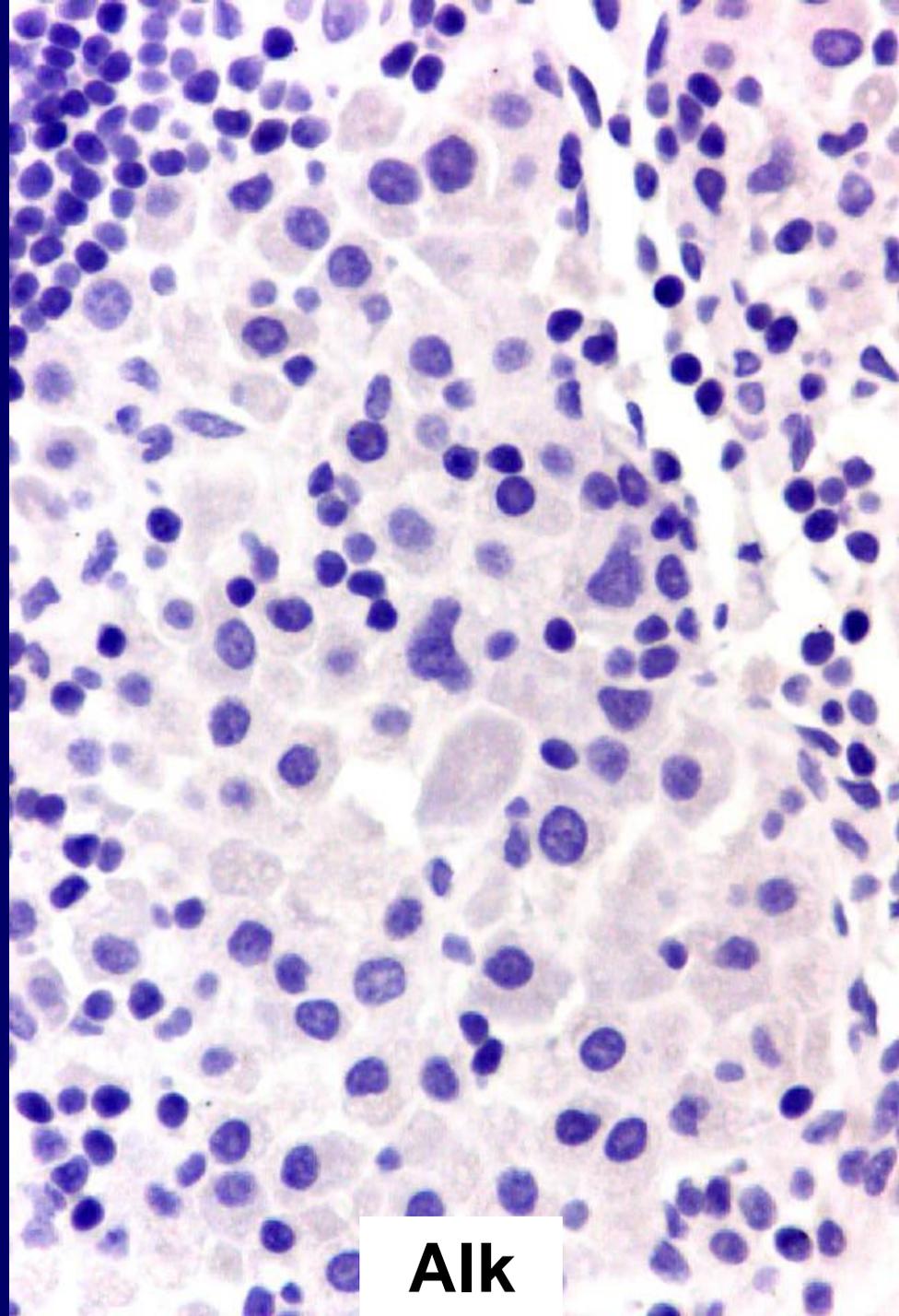
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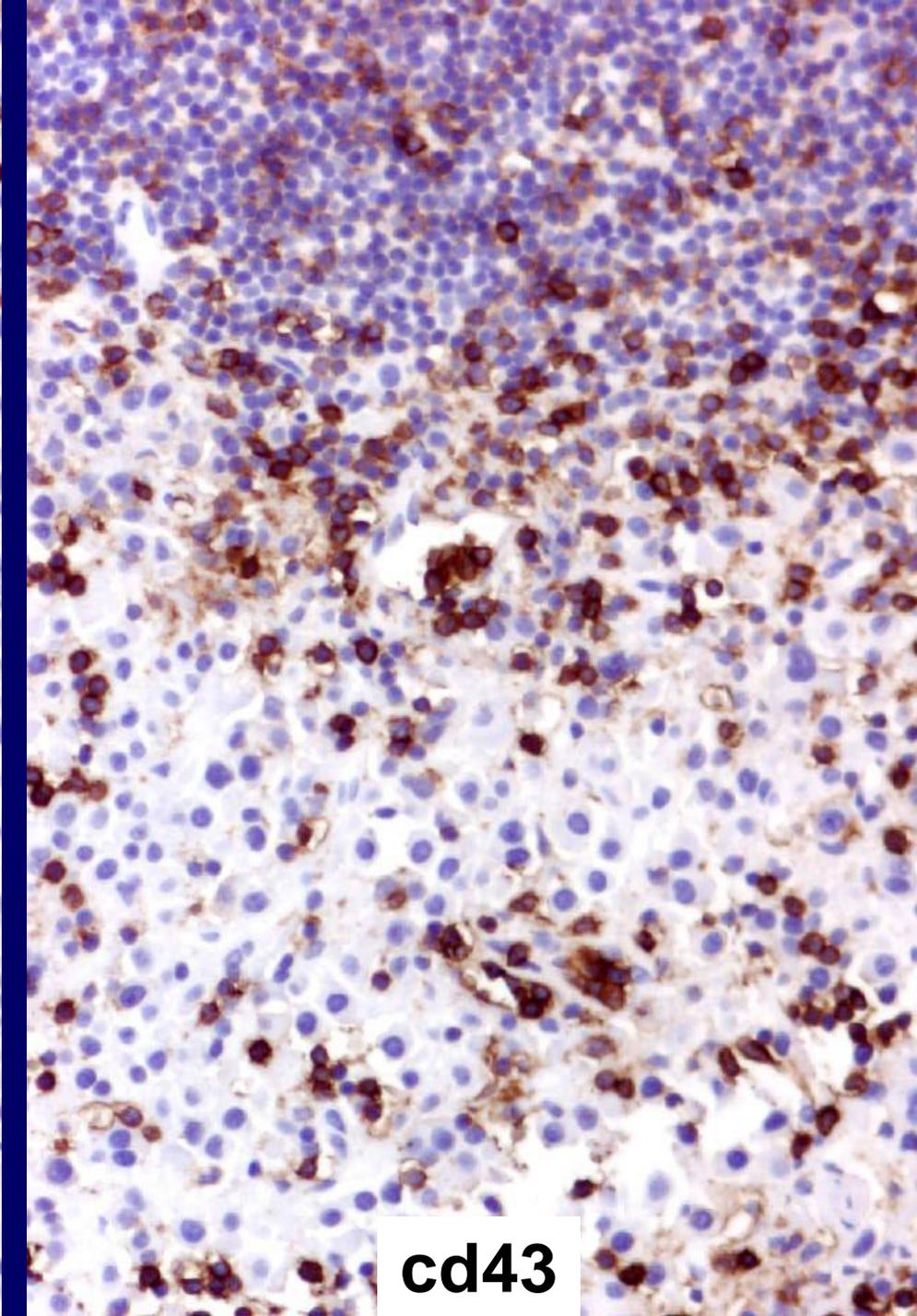
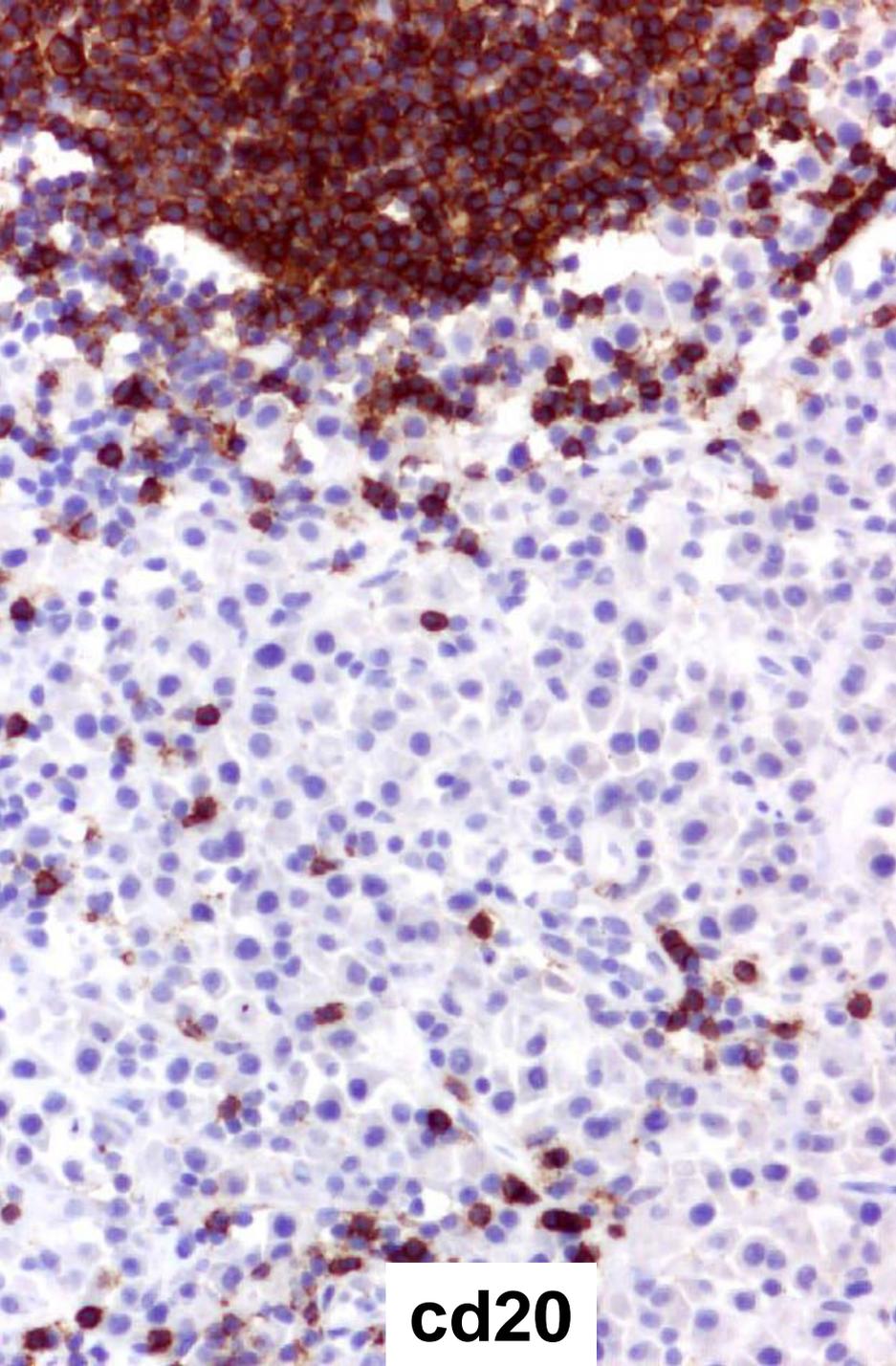
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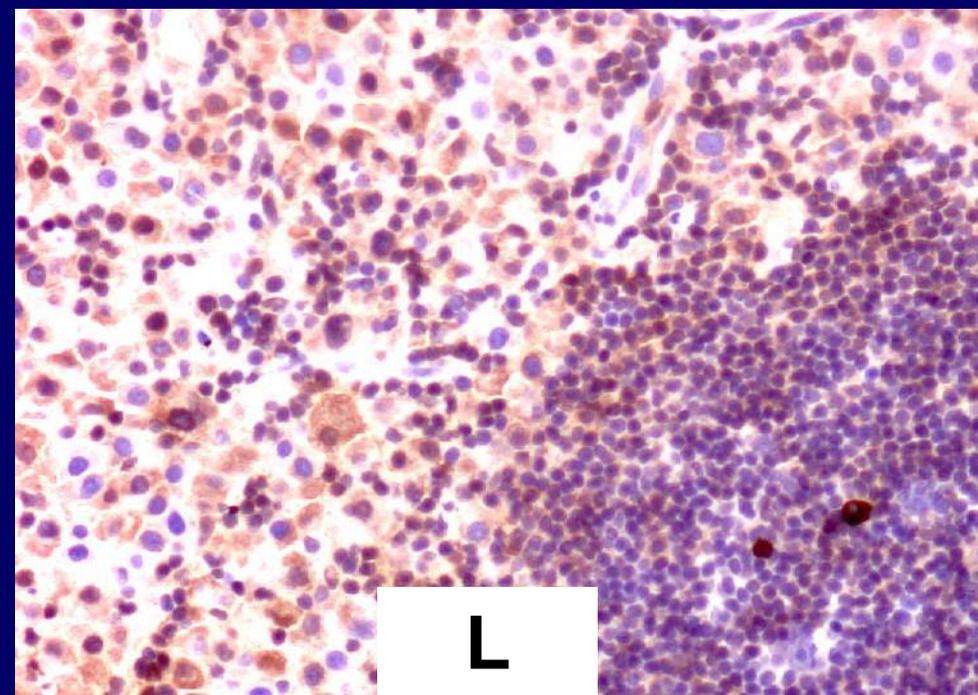
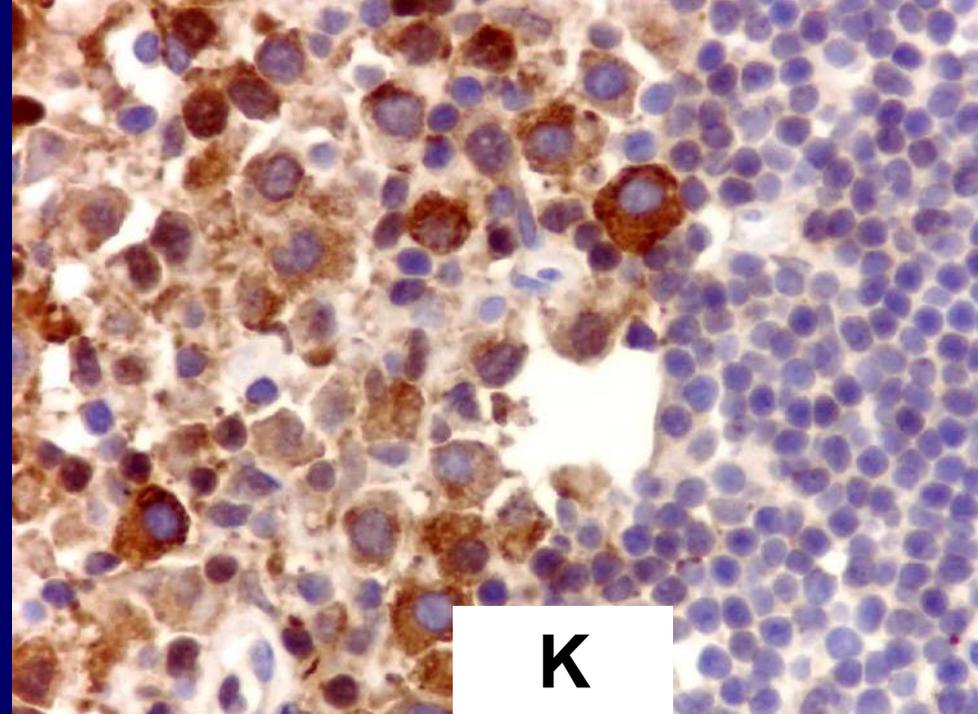
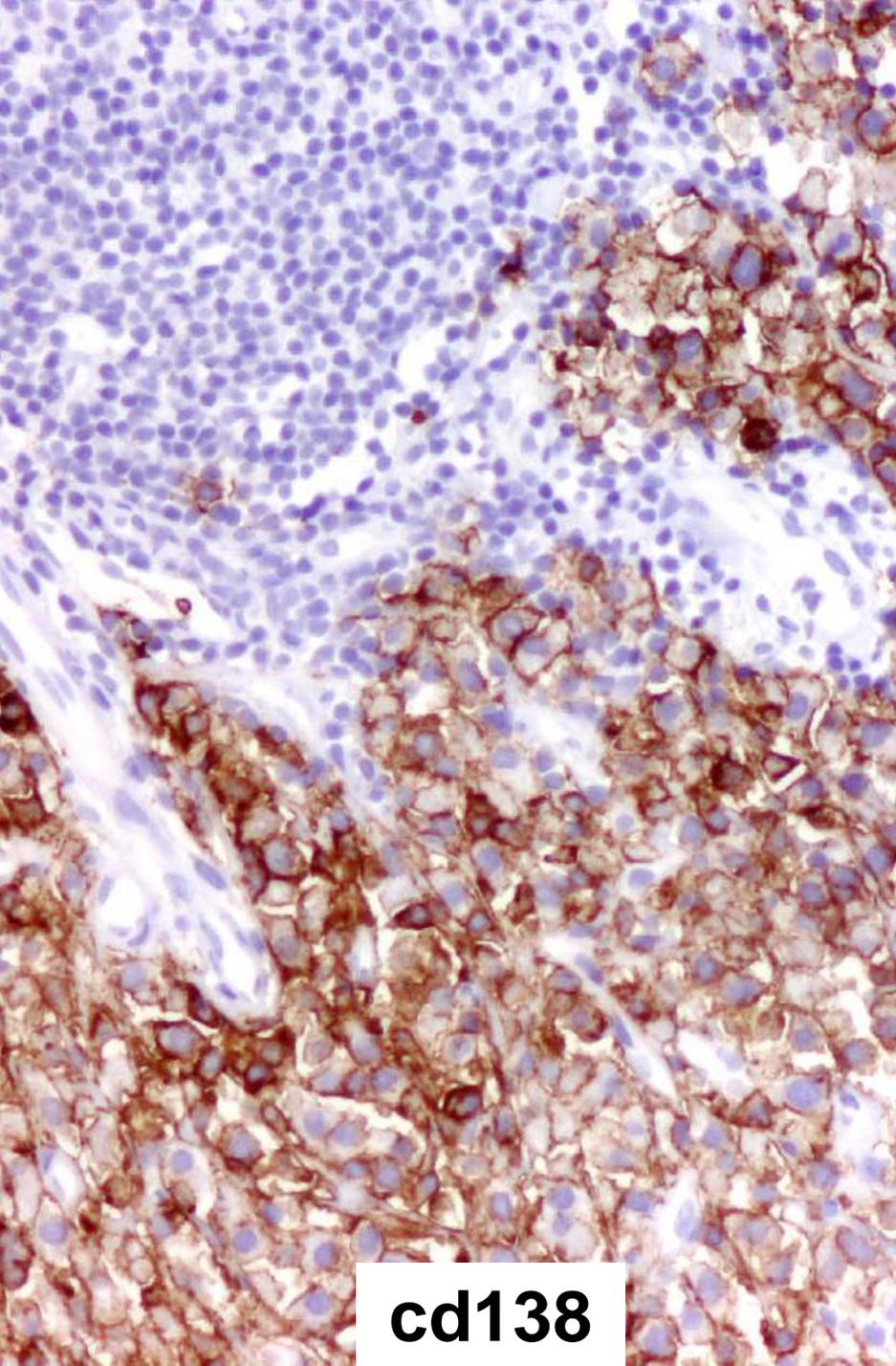


cd30



Alk

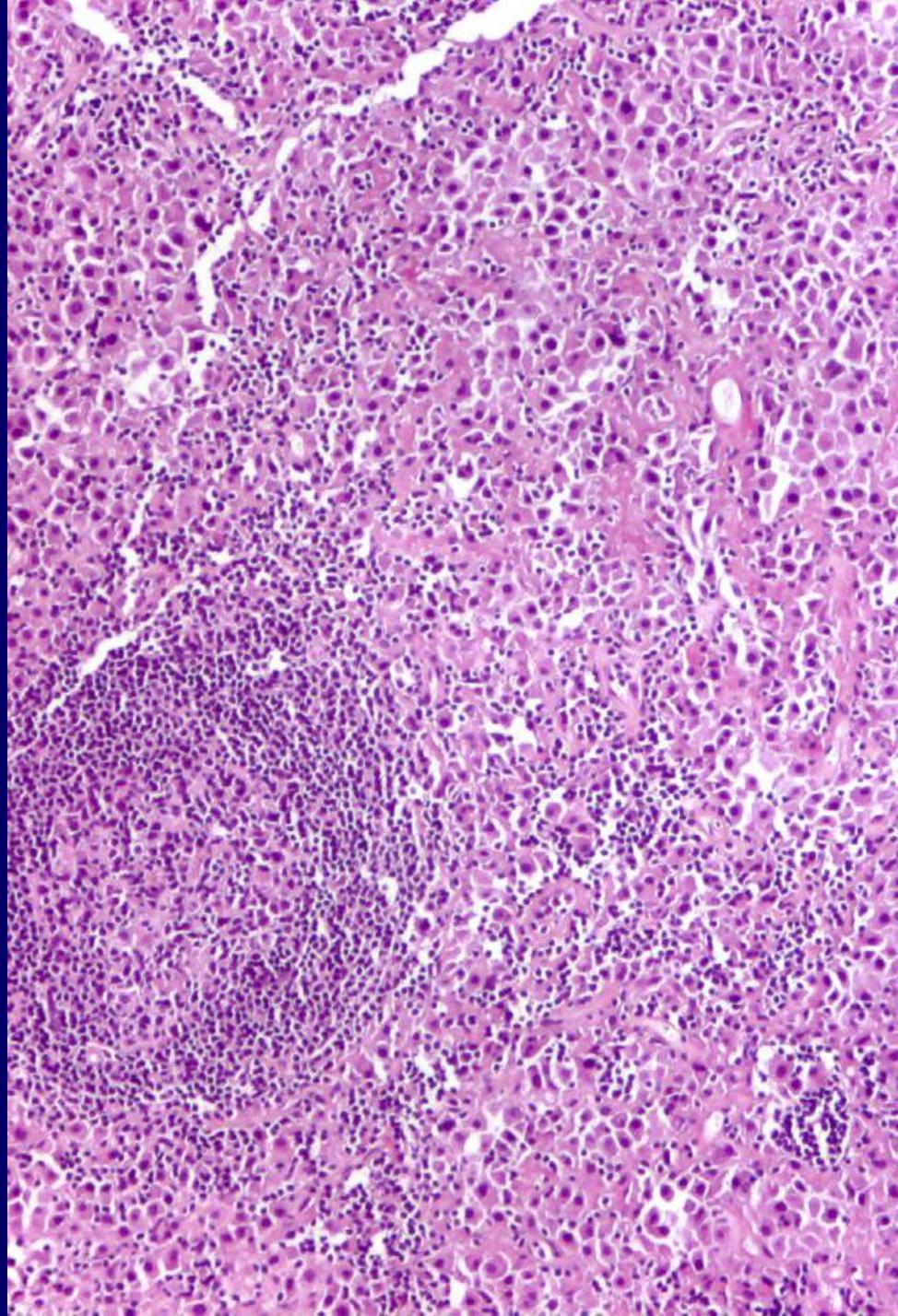
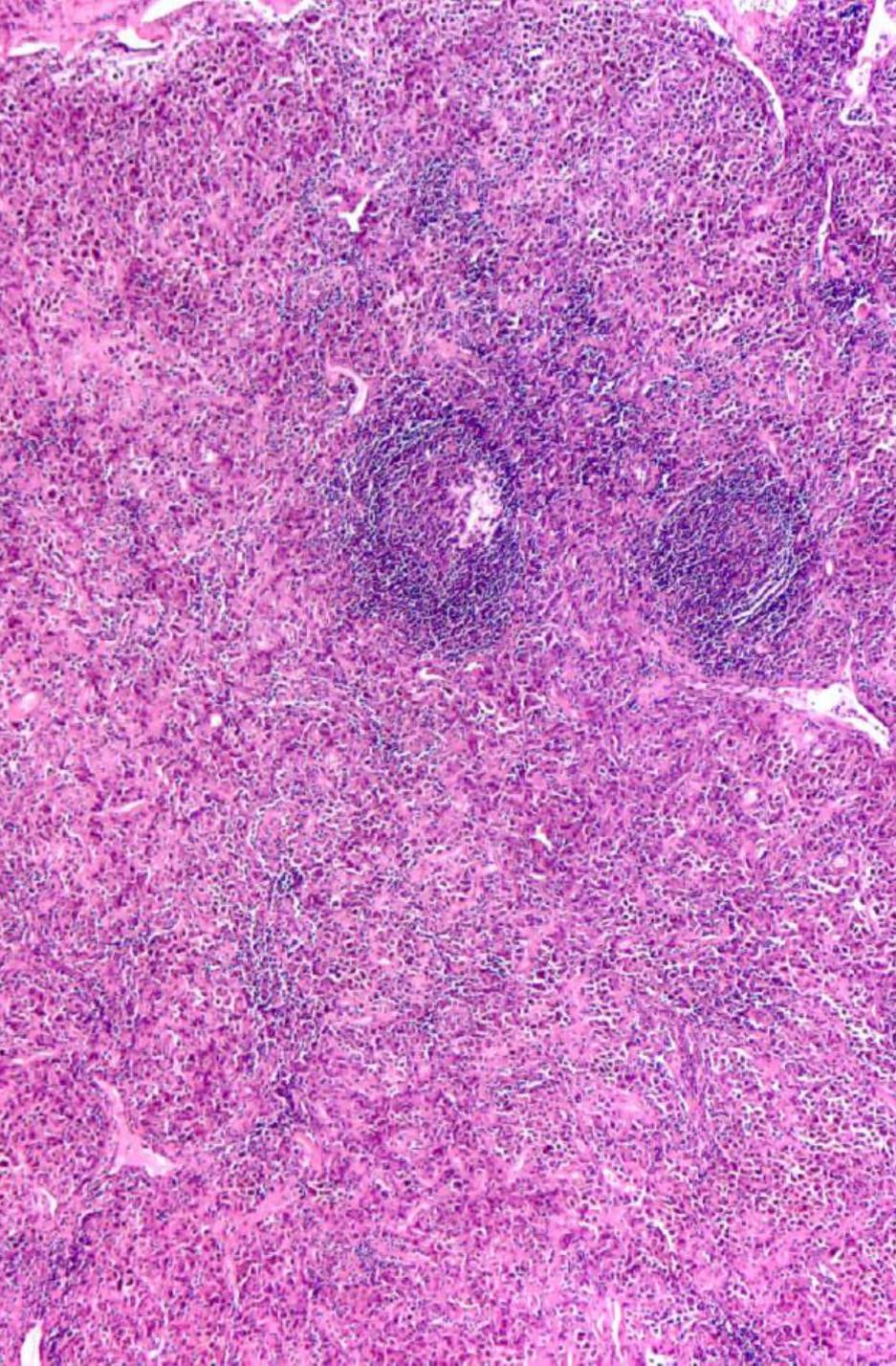


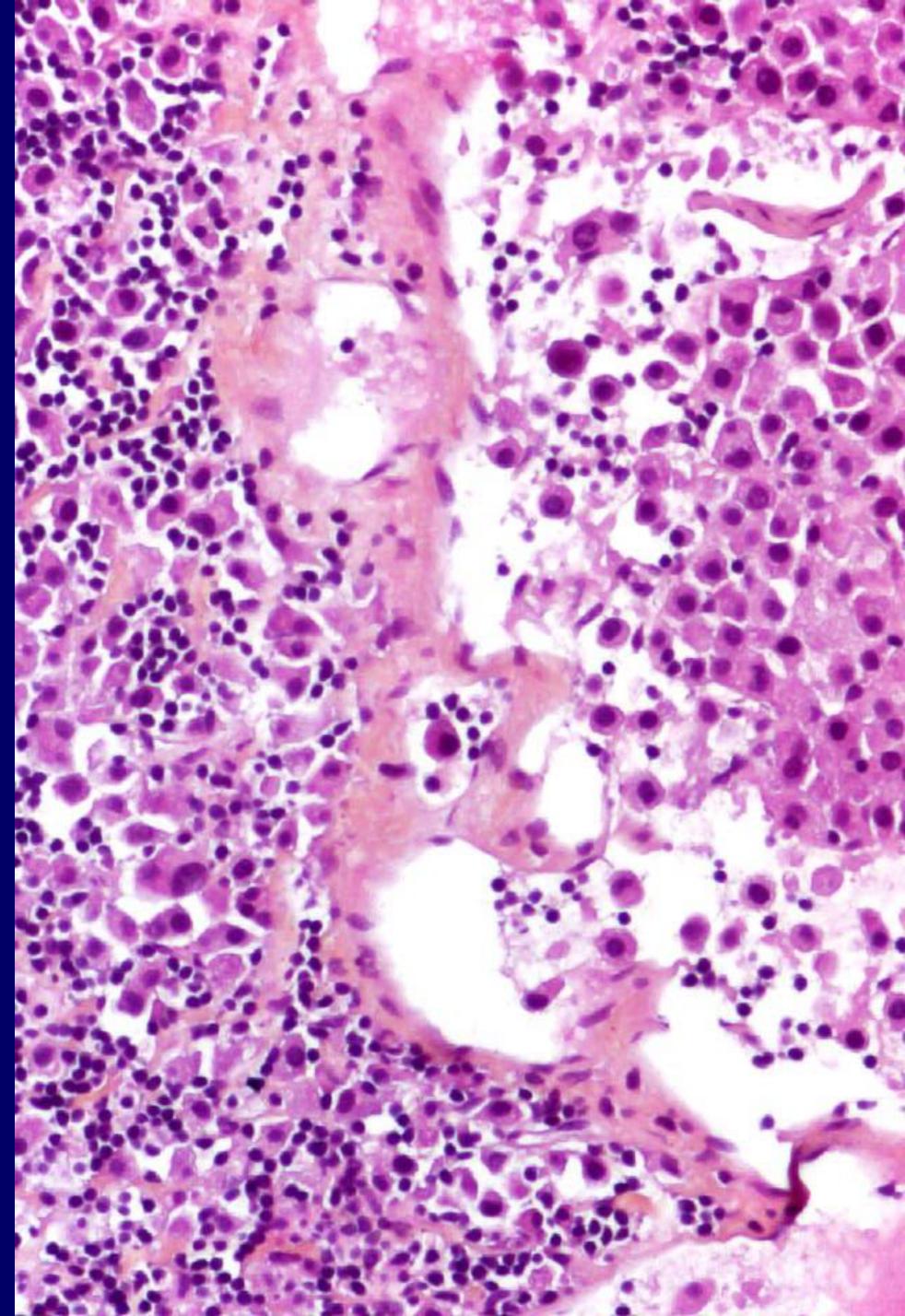
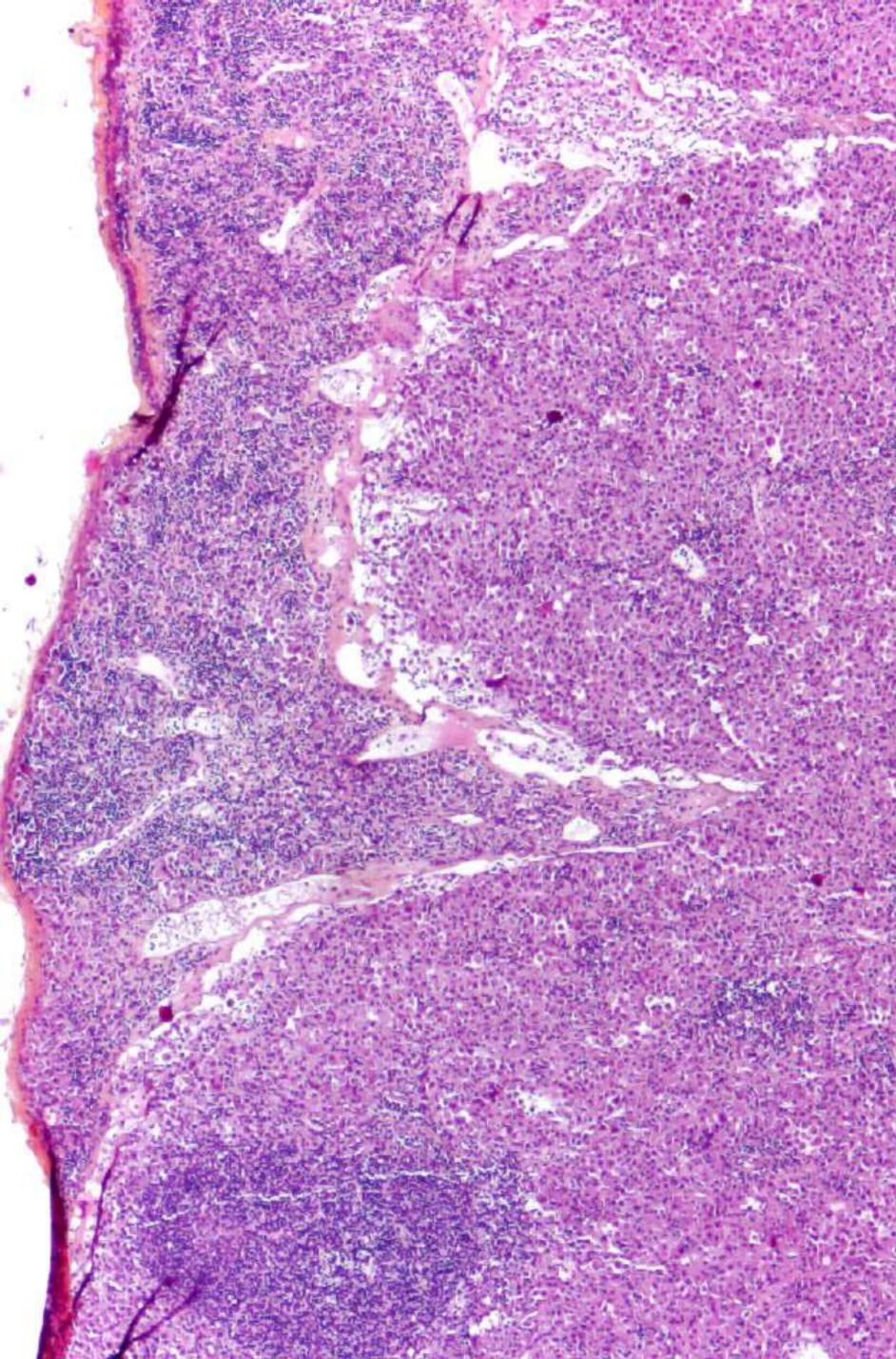


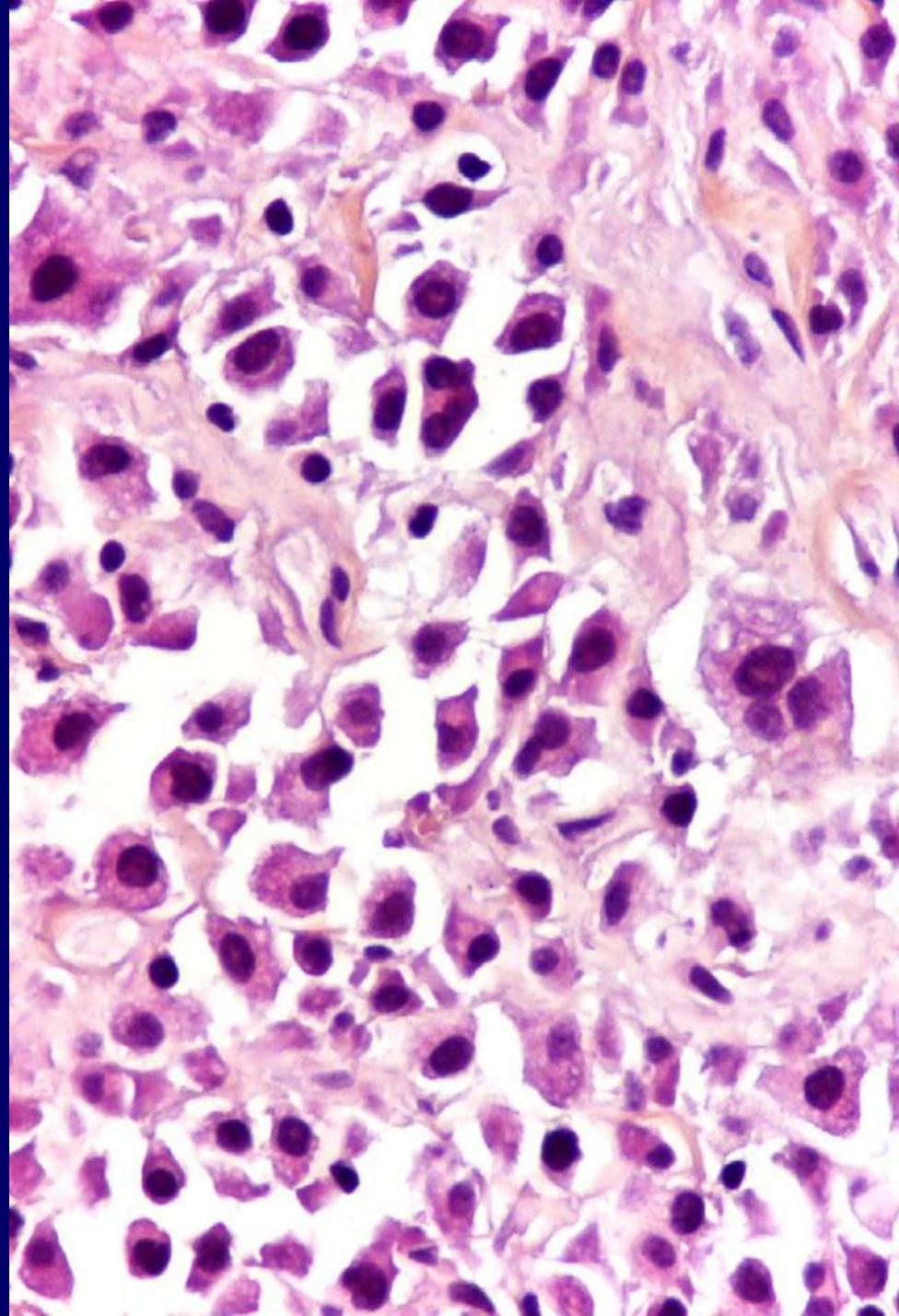
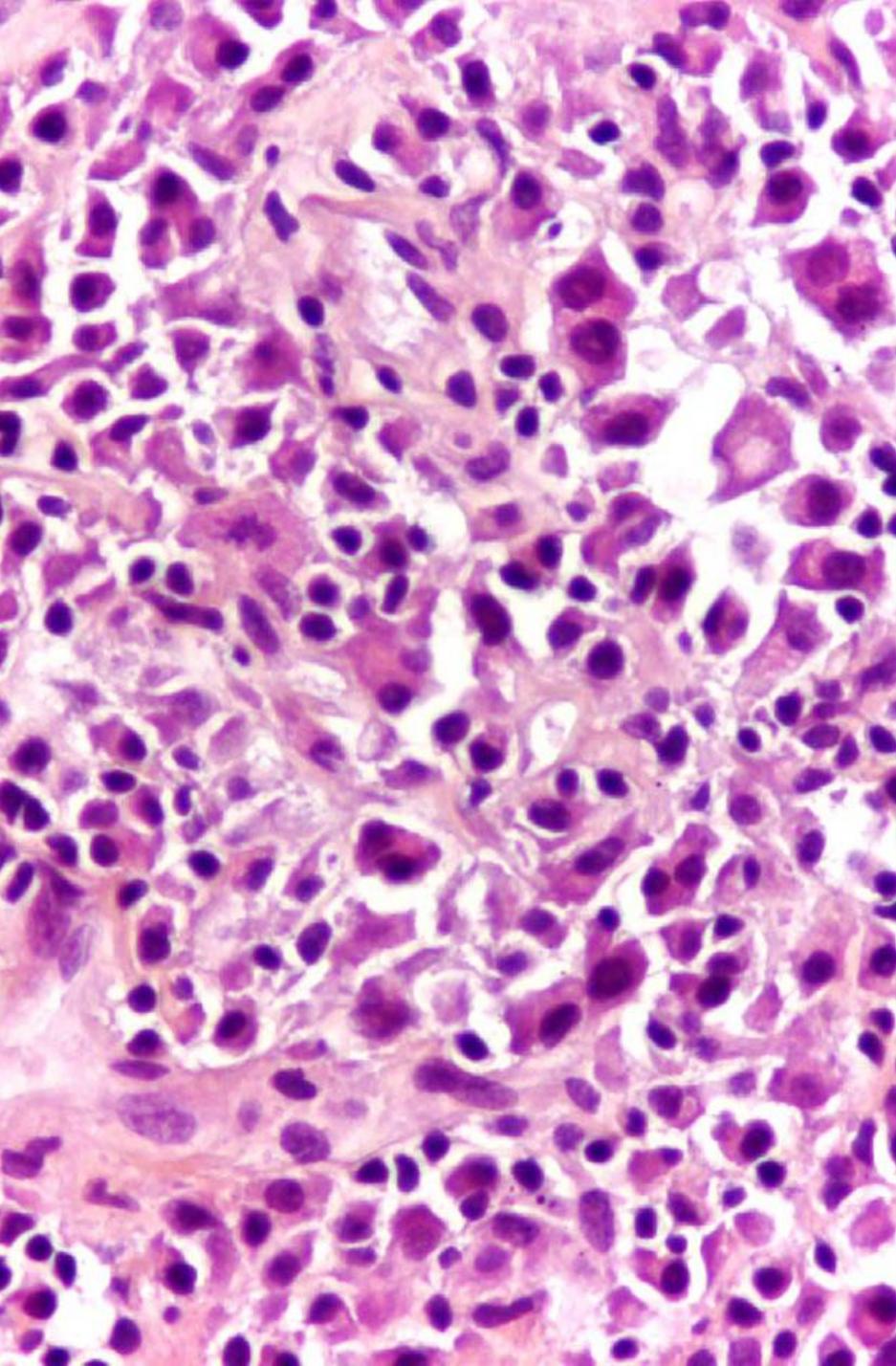
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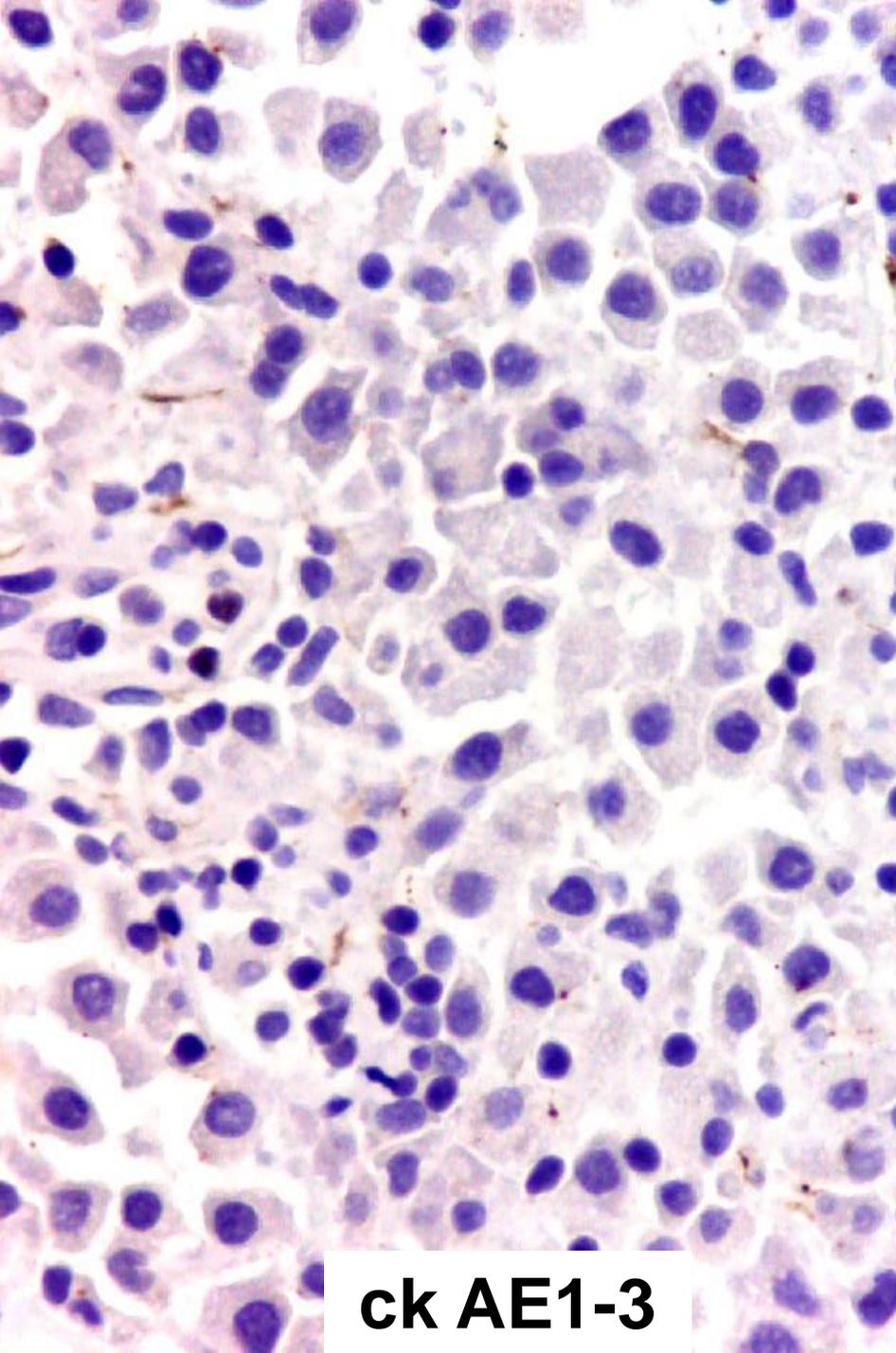
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Avis Pr De mascarel

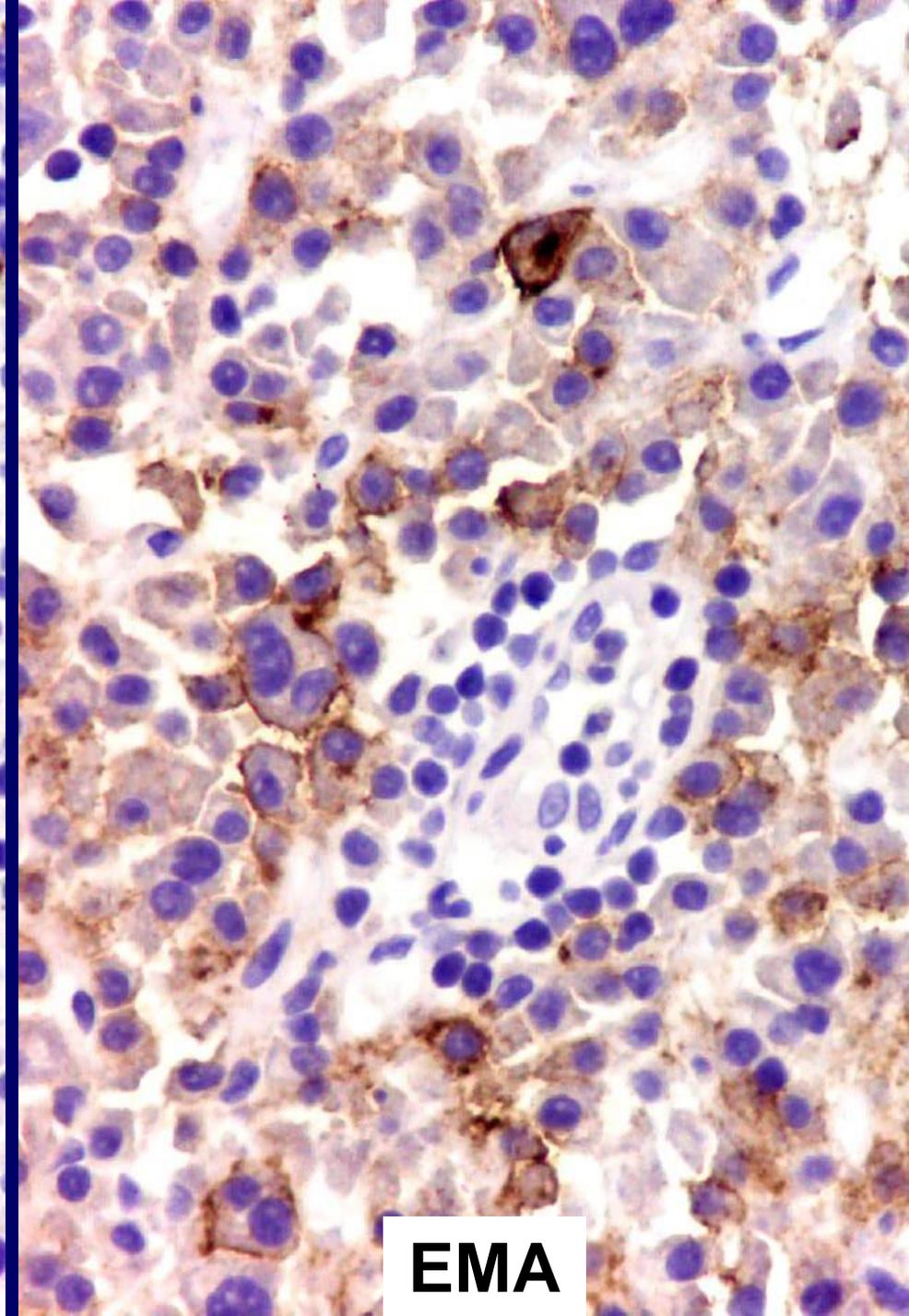




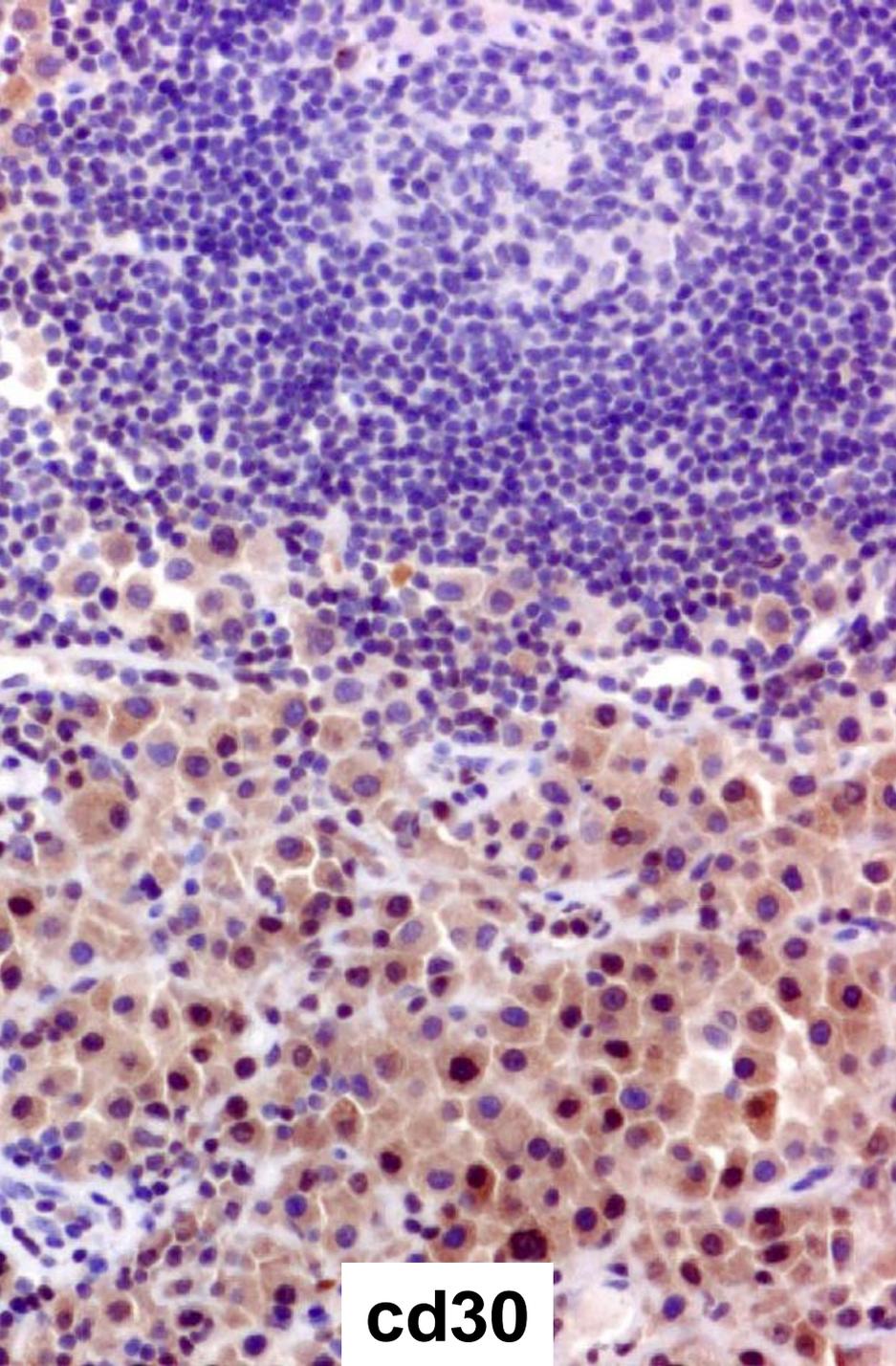




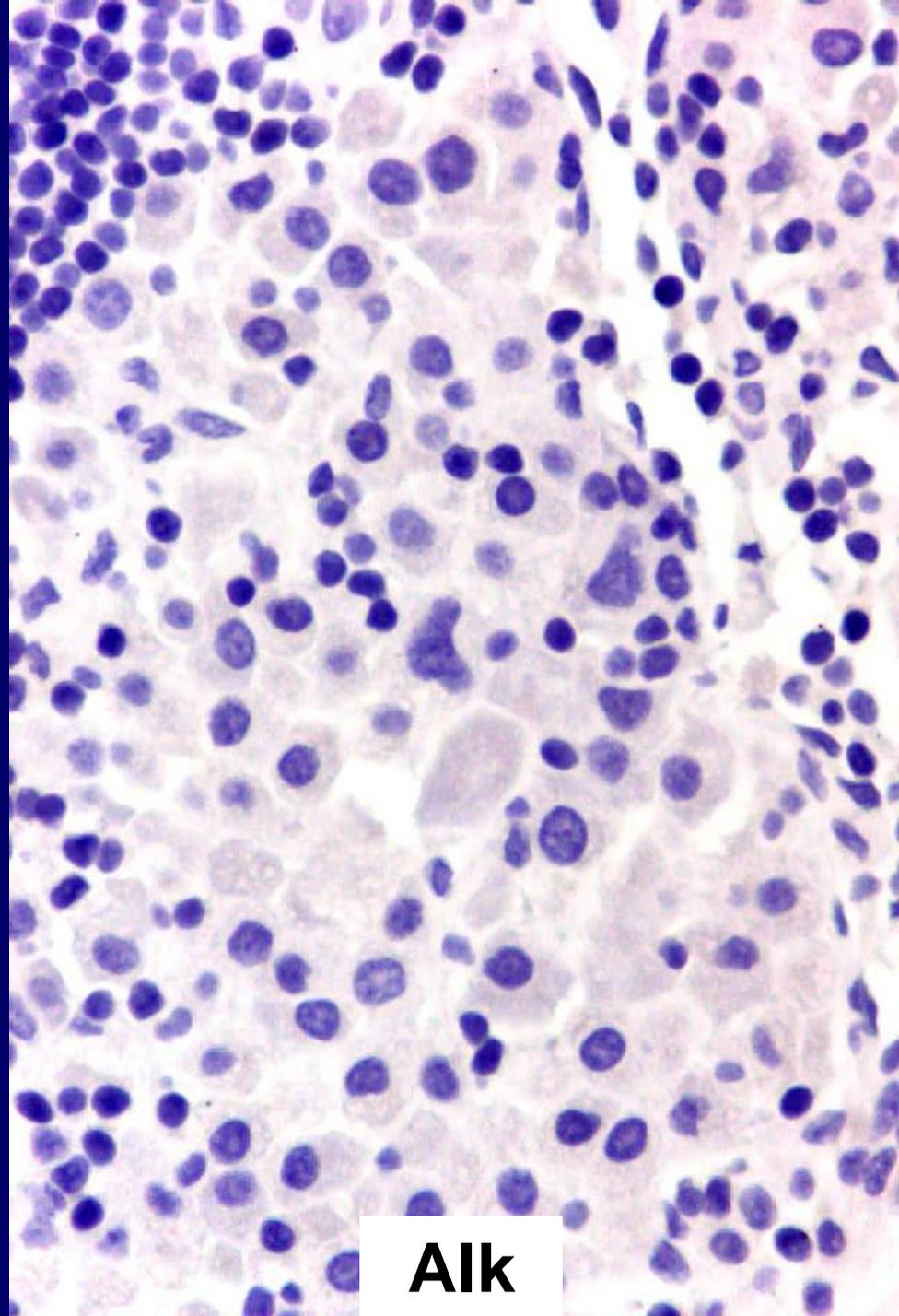
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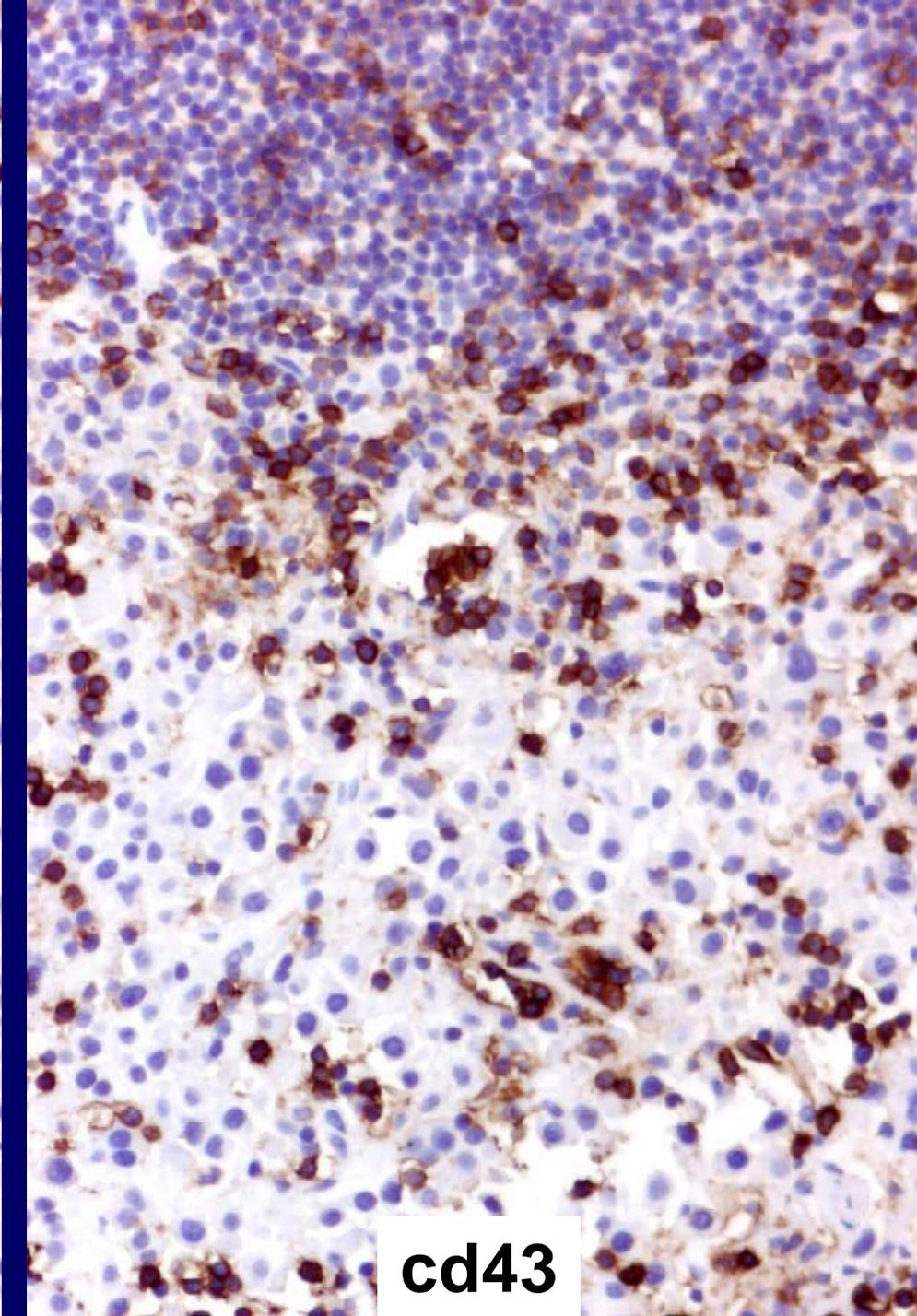
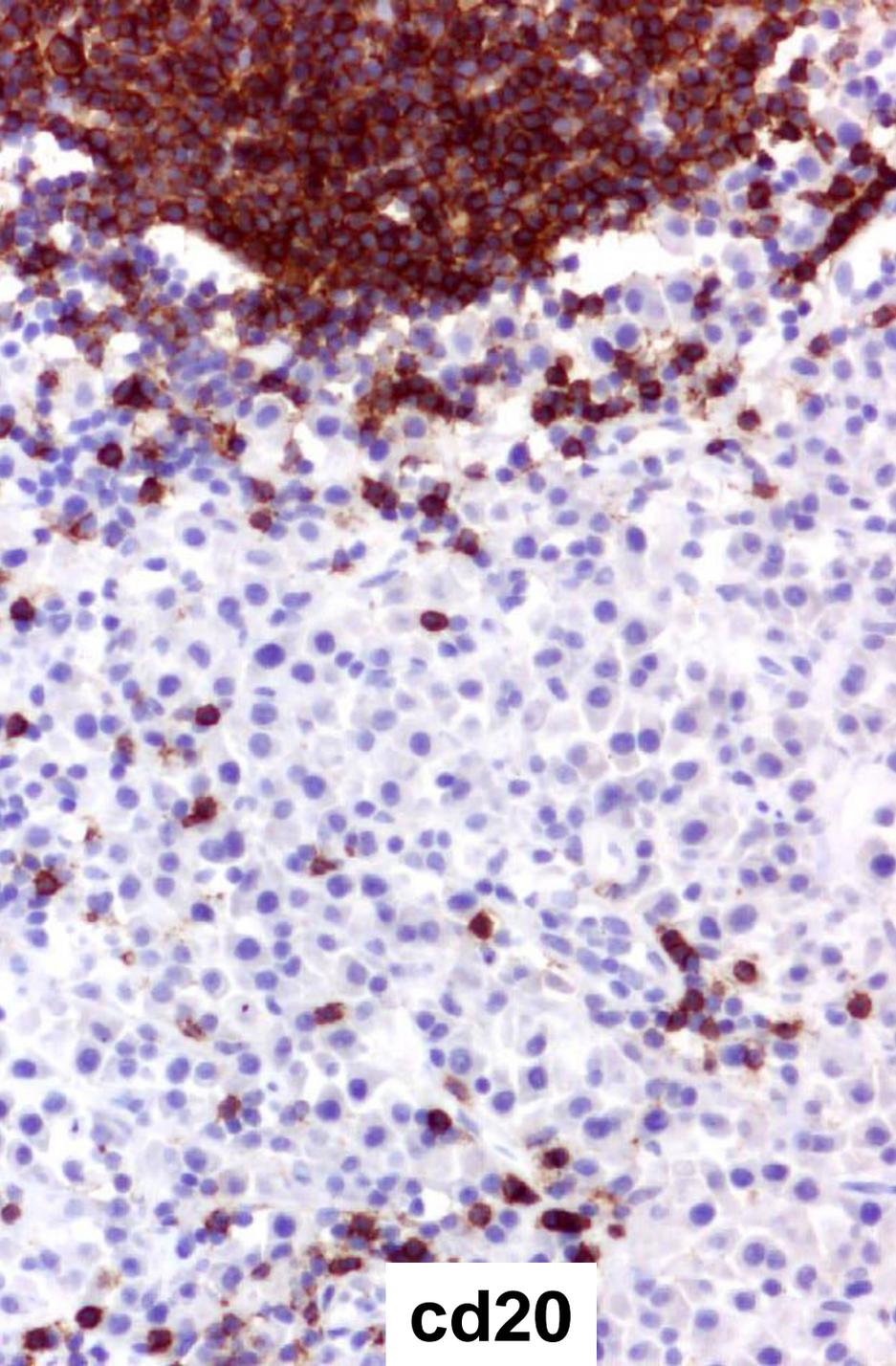
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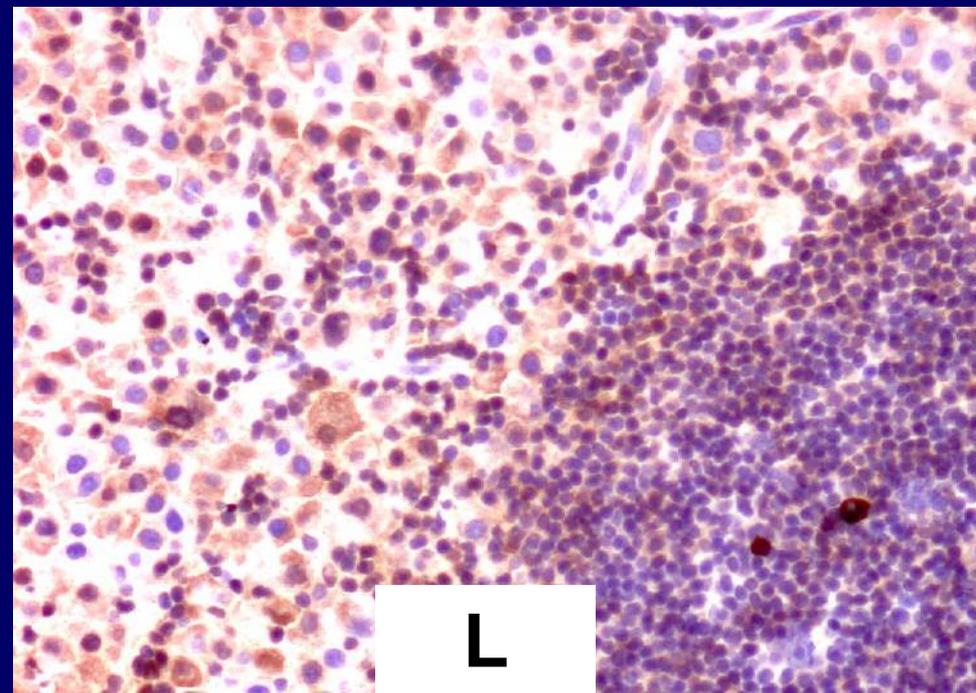
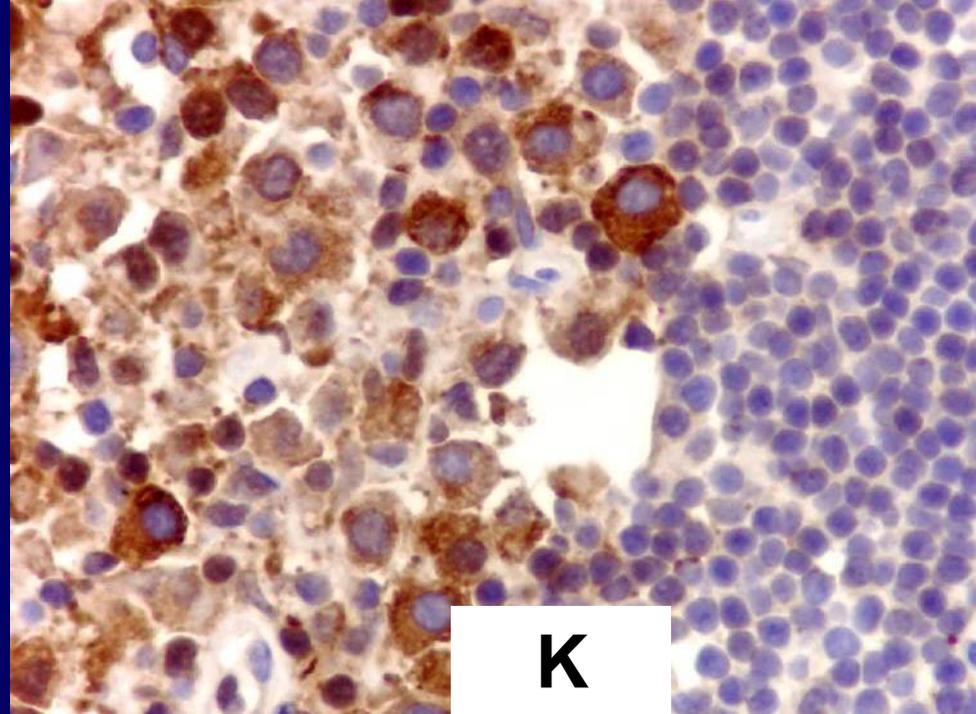
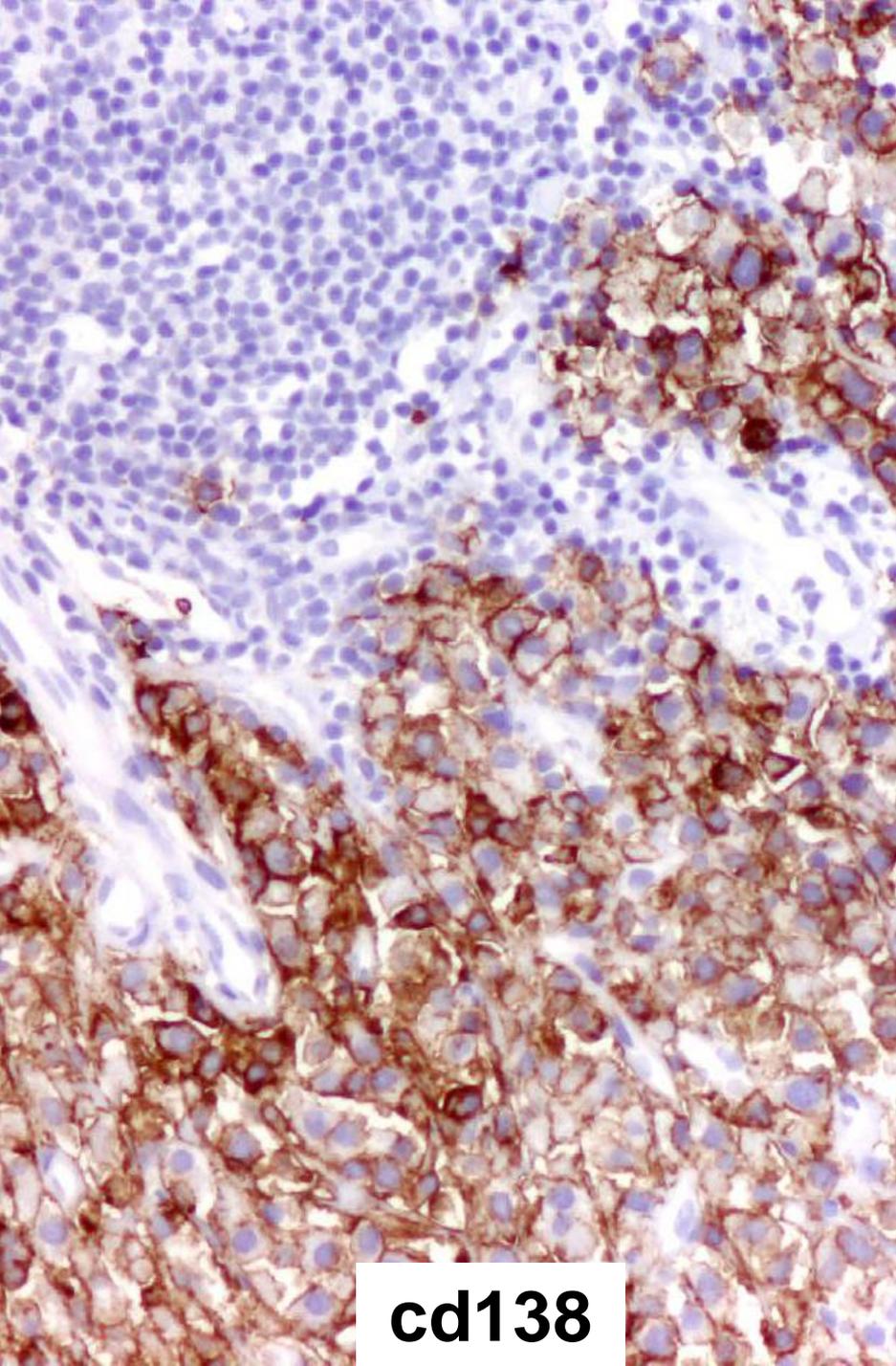


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Diagnostic retenu par Pr De Mascarel

plasmocytome ganglionnaire